

**THE GROWTH OF HOMOSEXUAL IDENTITY:
AN EMPIRICAL STUDY FROM
A SOCIAL WORK PERSPECTIVE OF CRISIS IN
SEXUAL IDENTITY EXPERIENCED BY
A SAMPLE OF HOMOSEXUAL PERSONS IN CAPE TOWN,
WITH SPECIAL REFERENCE TO CULTURAL FACTORS**

by

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Dedication

To all those people living with AIDS

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Gordon Isaacs

July 1989

ABSTRACT

This study seeks to investigate the nature of homosexual identity and its development, to explore the manifestation and incidence of crisis among homosexuals, and to determine the relationships between crisis and homosexual identity growth. Furthermore, it attempts to identify the idiosyncratic features of the South African "gay experience" and to examine the way such experience impinges on homosexual identity development. Given the gravity of the recent phenomenon of AIDS and its increasing appearance, the study extends to an investigation of AIDS, and its link with crisis and homosexual identity. Finally, the study seeks to indicate how Social Work may address the diverse needs of the gay collective, including strategies to deal with AIDS.

The study employs a combination of methodological techniques which include the application of clinical case material, an extensive survey of research literature, a newspaper inquiry, participant observation, random interviews and a mailed questionnaire. (This questionnaire was designed to tap information with regard to demographic profiles, the unfolding of sexual identity, "coming out", crisis, and attitudes towards a local South African gay organisation.) It presented a choice between fixed alternative items but also elicited open-ended commentary. A forty-eight percent response rate was received to the mailed questionnaire.

On the basis of research, the writer has developed a theoretical model of homosexual identity growth which comprises various developmental stages ranging from early infancy to late adulthood.

The study concludes that homosexual identity growth is a dynamic and on-going process catalysed by the interaction between self, society, and sub-culture. Homosexual identity is strongly linked to the gay sub-culture which presents a classic double-bind; it acts as a symbolic family for the homosexual person but it also perpetuates the expression of behaviours and emotions which are externally regarded as non-legitimate. Hence, crisis is universally experienced by homosexuals as part of their process of identity development, and is usually associated with "coming out". Crisis can be expressed in egocentric (internal) or sociocentric (external) terms, and may occur at any stage. The level of self-acceptance and self-esteem varies with each individual, and personal fantasy, as a core element of sexuality, is a key indicator of the extent of identity resolution.

Compared with Western countries, the South African gay experience is unique because of the apartheid system, the absence of human and civil rights and the legal proscription of homosexual sexual behaviour. As a result, the gay collective is splintered by factors of race, ideology,

gender and culture; it lacks a sense of unity and legitimacy, as well as consistent leadership to provide adequate role models. On an individual level, these conditions may impact negatively upon, and retard identity development. The advent of AIDS adds a new dimension to the individual and collective crises of homosexuals. On the negative side, it resurrects generalised homophobia, and creates amongst gays fears of intimacy and contamination which complicate same-sex bonding and reinforce ambivalent attitudes towards the sub-culture. On the positive side, AIDS has been a unifying factor which has stimulated collective action, and a growth factor which has challenged the individual to come to terms with himself and others.

Social Work has long ignored the crisis of the homosexual experience, and yet it possesses in crisis intervention an appropriate strategy with which to assist gays in crisis. The study suggests that social workers address their own homophobia in order to deal with the fantasy structure related to homosexual identity growth. Social Work needs also to promote a corporate lobby for sexual minority rights, but this is possible only on an informed basis acquired through unbiased research.

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COMING OUT

O what

to do!

I'm new

at this and have

no style!

O for the craft, the magnitude,
of ugly Socrates,
whose words alone sparked half the men in Athens
to scout him in the streets

and drove
fair confident desirable Alcibiades
to potions
and to drink!

Perhaps a confidential wink
at the locker-room mirror,
managing to dry
my hair when you do?
Or maybe bumping
you on the track,
apologies, discussion,
how my stomach ached
watching you
force all those sit-ups?

Once we rode
down together
in the jammed elevator.
Outside the cage
you blazed
round the corner of a hall,
I fell
onto Twenty-third Street -

O the dark winds!

PART I

INTRODUCTION

Homosexuality in the Western World has undergone a dramatic change since the late 1960's. From what was once a phenomenon continuously censured by society, homosexuality has risen like the phoenix to face the challenge of legitimate expression. This upsurge, particularly in North America, Britain, and Europe, has been supported by the demystification of homosexuality as a psychiatric-medical malady, by the rise of a strong, united gay front (with directions in political and social reform), by the decriminalisation of homosexual behaviour between consenting adults (in private), and by a relaxing of religious condemnation by some church organisations, theologians and historians (Boswell, 1980; Bullough, 1979; Katz, 1976; Katz, 1983).

The accrual of such benefits, and in particular where individuals of a given country are protected by a Bill of Rights, means that homosexual opinion as well as homosexual visibility has gained momentum. A diverse and refreshing body of knowledge is evident -- a so-called "collective gay debate", ranging from Marxist descriptions of homosexuality as a "bourgeois indulgence"⁽¹⁾ to studies reflecting the intrinsic nature of homosexuality as a phenomenon with its own idiosyncratic structure well within the boundaries of accepted social behaviour. A watershed period in the history of 20th-century homosexuality, repeatedly described

in the literature, has as its genesis the Stonewall riots in New York during July 1969, and the removal of homosexuality as a diagnostic category from the Diagnostic and Statistical Manual of Mental Disorders⁽²⁾.

With few exceptions, pre-70's writings about homosexuality leaned heavily on the medical model of pathology or on deviance. Research focused on cause-effect paradigms, presenting homosexuality as a condition which could be transfigured through treatment. With the general relaxing of attitudes and the removal of the mental disorders label by the Psychiatric and Psychological Associations in America,⁽³⁾ the period between the latter part of the 1970's and the present has reflected a plethora of research and inquiry by academics, students, and journalists -- albeit with a different emphasis. No longer are homosexuals being compared with their heterosexual counterparts to determine whether or not they are equivalent in social status. Furthermore, modern studies reflect investigations suggesting broad parameters of socio-cultural, political, and psychological issues -- without resorting to sampling strategies that are decidedly opprobrious. Such research and inquiry has culminated in an anthology of homosexual issues and concerns, published in a *Journal of Homosexuality*, and re-issued in a book series on *Research and Homosexuality*.

In South Africa, homosexuals are faced with a different set of circumstances. While the homosexual sub-culture has kept abreast of its counterparts overseas, a tapestry of forces has retarded the comparative growth of homosexual ideology and sense of expression in this country. Some of these major forces are briefly outlined hereunder, and others will be expanded upon in the course of this work. In particular, legislative aspects are dealt with more fully in Chapter 6.

- * Legislation in South Africa theoretically prohibits sexual relations (or behaviour with sexual intent) between men. Conviction may result in fines or imprisonment -- and provision still exists for the imposition of corporal punishment.
- * South Africans are not protected by a Bill of Rights. Human Rights issues, including the freedom of sexual expression, are noticeably absent in comparison with some other countries with which South Africa in other respects chooses to see itself compared.
- * The social ethos of the white population is based upon strong religious principles, and ecclesiastical injunctions against homosexual behaviour are welded into attitudinal systems.
- * The homosexual collective is split. Geographical, political, racial, cultural, religious and language factors have contributed to a special set of circumstances, including a "ghetto-i-sation" of

persons doing their "own thing" in various parts of the country.

Social Work as a profession in South Africa emerged during the period 1903-1936, with the culmination of a State Department of Social Welfare in 1937. Social Work training commenced at South African universities in the 20's and 30's, and Social Work began to develop as a state-licensed profession after 1965.

McKendrick draws attention to the fact that, arising out of a major human welfare issue of white poverty (National Conference on the Poor White Problem, Kimberley, 1934), two other issues, viz the welfare of children and the welfare of the handicapped, received increasing attention, which culminated in legislation and the creation of National Councils. McKendrick states:

Specialised national councils were conceived of as structures which could potentially influence the state in policy decisions, and which could promote co-operation amongst affiliated organisations; and examples include the South African National Councils on Child Welfare (1924), for the Blind (1929) and for the Deaf (1929).

(McKendrick, 1987a: 12)

Social Work as a corporate profession has not attempted to address the issues of homosexuality (Isaacs, 1987b). No National Councils on Human Sexuality exist; and if homosexuality has been (or is) regarded as a social/emotional "disability", no formal welfare policy has

been formulated to deal with the multi-faceted issues that face homosexuals in South Africa today.

Within the Social Work paradigm is the belief that crisis intervention and its principal assumptions of public health promotion, cannot be separate from social work intervention, both at the micro- and macro-levels (Mehr, 1983). Chescheir reminds us that central to Social Work practice is the notion that social workers need to create and maintain "holding environments" for their client populations (Chescheir, 1985: 220).

This systemic and holistic perspective believes that helping relationships are an open system and help situate the ego directly in relation to its human environment. However, so often the client's reality is redefined into the Social Worker's terms. According to Rojek, Peacock and Collins, this redefinition has "purpose of insulating social workers from being threatened by the client's challenge to their 'real world'" (Rojek et al, 1988: 30).

The context of homosexuality has often posed a dilemma for Social Work. The profession has evolved with a dual tradition of overcoming oppression on the one hand and "curing" pathology on the other. This sense of professional ambivalence has been noted by Gochros, who draws attention to the moral dilemma faced by Social Workers. He states: "... [and] if we fight oppression and leave the homosexually

oriented alone are we ultimately ignoring their 'sickness'?" (Gochros, 1984: 140).

The writer, in addressing the symbolic interaction paradigm in an attempt to understand the evolution of homosexual identity (see Chapter 2), believes that social workers need to incorporate the "meaning" of homosexuality into their professional repertoire.

To this end, Rojek, Peacock and Collins, in quoting Psathas (1972), highlight the rôle of Social Work in addressing the social realities of client systems. They state as follows:

The challenge to [the Social Worker] who seeks to understand social reality [of the client system], then is to understand the meaning that the actor's act has for him. If the observer applies only his own categories or theories concerning the meaning of acts he may never discover the meanings these same acts seem to have for the actors themselves. Nor can he discover how social reality is 'created' and how subsequent acts by human actors are performed in the context of their understandings.

(Rojek et al, 1988: 31)

South Africa is not an egalitarian society, and the apartheid laws to date have rigidly separated its various segments. The status of blacks is so very much "inferior" that the black population, although in the overwhelming majority, has had proportionately much less research attention directed to it. Opinions, attitudes, experiences and feelings of black South Africans towards homosexuality have not really been tapped⁽⁴⁾.

The juxtaposition of Draconian laws and a strong moralistic religious background flavoured with the ingredients of apartheid has retarded indigenous gay liberation. To make matters worse, South Africa at present is experiencing severe political and social turmoil. With an extended state of national emergency⁽⁵⁾, coupled with an anticipated post-apartheid structure, homosexuals (as well as social workers) have to re-assess and reconsider their priorities. One of the priorities voiced by a minority of gay persons is to decide on human rights as opposed to gay rights. Thus the ongoing crisis of living in a country in political and social transition⁽⁶⁾, similar to Cuba in the 1960's, has, in effect, slowed down the powerful force that a minority group such as homosexuals could exert both for their micro-interests and for society as a whole.

Because of this, attempts to form any cohesive semblance of a united gay front have not met with any lasting success. Universities, up until 1985, refused to allow students to form gay societies on campus⁽⁷⁾, and sporadic efforts from the mid-1960's until August 1981 to start gay organisations or groups, or to disseminate popular gay periodicals, petered out. Homosexuals in South Africa now face a pending inquiry set up by the President's Council⁽⁸⁾ to examine, inter alia, certain provisions of the Immorality Act (as amended). The Commission will investigate the following

statements and questions (as pertaining to homosexual behaviour):

- (a) that common law related to the offence of sodomy should not be changed until a thorough investigation has been carried out;
- (b) that all homosexual acts between consenting adults of both sexes should be brought within the ambit of the criminal law ;
- (c) that if criminal sanctions in respect of the above-mentioned acts were to be abolished, it should be determined:
 - (i) to what extent such acts are immoral,
 - (ii) how society should express abhorrence of such acts, and
 - (iii) what the State's role in this regard should be;
- (d) if the sanction of criminal law is not removed, what programmes of rehabilitation or forms of punishment would be desirable;
- (e) whether there are grounds for belief that an attitude of tolerance towards homosexuality is an important cause of the decline of civilisation;
- (f) whether the provisions relating to prostitution should include male prostitution, for homosexual and for heterosexual acts.

The above pointers, which speak for themselves, can only produce further uncertainty for the population they address. As Gochros points out in reference to the APA decision to remove homosexuality from the mental disorders list:

"... when all was said and done, the perception of the 'illness' of homosexuality reduced itself to a social value and a political decision: one day an illness, the next day not" (Gochros, 1984: 147). It is thus significant that a Commission of Inquiry in South Africa can have a profound effect on the perceptions, as well as the reactions to, the behaviour and psychological fulfilment of members of our society. What faces the South African homosexual community now? With the advent of a quasi-formal Gay Association of South Africa during 1981 and 1982 (hereafter referred to as GASA), as well as the prolific publicity given to the AIDS scare, the homosexual collective in South Africa is becoming visible, but how viable?

This thesis deals with some of the crises, both individual and generic, which confront homosexuality in South Africa, and attempts to address the relevance of Social Work to homosexual concerns. A series of serendipitous events unfolded during the writer's involvement with this study. These events will be described in full, and will form the basis of Chapter 1.

THE THESIS STRUCTURE

The Introduction includes a brief synopsis of the thesis, introducing the reader to the main features of the study.

Chapter 1 isolates the major aims and objectives of the study, incorporating the factors that led to the research.

Chapter 2 explores theorists' contributions toward the understanding of homosexual identity development. It deals with homosexuality as a specific phenomenon, without repeating the medical model of causation. The chapter ends with the writer's own model of homosexual identity growth.

Chapter 3 defines crisis and crisis intervention theory. Thereafter a model is presented linking the familiar concepts of crisis intervention to homosexual identity. This model is proposed as a guideline for various intervention strategies when dealing with persons expressing homosexual concerns.

The homosexual sub-culture, and the exploration of sub-cultural influences as they impact on homosexual identity, forms the content of Chapter 4. While the data gathered reflects the response of a sample of persons from Cape Town, the scope of the research has been broadened to cover other major centres in South Africa⁽⁹⁾. Highlights in this chapter include the writer's clinical observations of gay

clubs, steambaths, bars, meeting places, restaurants, parties, social and political forums, and literature within the South African context. An examination of the sub-culture as a major influence on identity is offered.

Chapter 5 is devoted to the AIDS phenomenon. Crisis and AIDS are brought together to offer a comprehensive model for dealing with this disease. A major case description (to be found in Appendix 1), and clinical vignettes in the text, are presented in order to illustrate the crisis intervention approach. The chapter deals with AIDS as a crisis for both sexual intimacy and specific homosexual concerns.

Chapter 6 discusses the rise of the formal gay movement in South Africa. This chapter, in partnership with Chapter 3, seeks to clarify the diversity and lack of homogeneity in the homosexual network⁽¹⁰⁾.

Chapters 7, 8, and 9 constitute the second part of the thesis, and are devoted to the description and discussion of the methodological frame of reference. Although the study primarily makes use of the descriptive-exploratory method, reference is made to participant observation, case study, and ex-post facto methods.

Chapter 7 sets out the methods of data collection, incorporating an evaluation of the benefits and limitations of these methods. Chapter 8 presents the findings of the

survey, and analyses them on the basis of the theoretical perspectives of this and other research. Chapter 9 addresses the implications of the research in its entirety, with special reference to social work practice.

Guidelines are offered to the social work practitioner, in an attempt to consolidate the information, and draw attention to his/her role in dealing with human sexuality concerns. Special reference is made to the AIDS profile, and directions are suggested for education (prevention) and treatment.

Concluding the work, Chapter 10 offers a brief summary of the research in its entirety.

The research was begun during 1981 and concluded by the end of 1988. The length of time required to complete this work was lengthened by the identification of AIDS in South Africa in 1985, and the need to investigate the resultant effects on the subject of the study. A redirection of assumptions was necessitated, as was broadening of the research in order to incorporate the crisis of AIDS without changing the overall nature and intent of the study. Attention is

however drawn to the fact that the extended nature of the study has certain drawbacks which include:

- (a) losing the sense of immediacy for which the survey was designed, specifically with regard to the questionnaire
- (b) having to keep pace with research developments in order to update the literature
- (c) having to monitor the complex advances and directions in AIDS research, including the discovery of newer clinical symptomologies experienced by AIDS sufferers.

For the purposes of this research, literary and clinical analysis is based on data collected up to the end of 1988. However, in order to update a necessary South African demographic statistic, a text by Wilson and Ramphele (1989) was consulted.

NOTES

1. It is, however, interesting to comment upon a different interpretation of the Marxist-Leninist point of view. Joao S Trevisan, a founder member of the Brazilian Gay Movement quotes Detrez, a former Catholic seminarist, urban guerrilla and Prix Renaudot recipient for autobiographical novels (1978) as follows: "It was thanks to my homosexuality that I discovered the working-class question, poverty and social injustice; thanks to it I rose up against fascism": Trevisan, Joao S, Perverts in Paradise (Translated by Martin Forman). London: GMP Publishers Ltd, 1986: 32.
2. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition. Washington, DC: APA, 1980) reflects homosexuality as a disorder only when anxiety caused by homosexuality is so profound that it leads to debilitating behaviour. The person is then described as having ego-dystonic homosexuality.
3. Although the American Psychiatric Association, on December 15, 1973, declared homosexuality not to be an illness, followed by a similar declaration from the American Psychological Association in 1975, Enrique T Rueda, in The Homosexual Network: Private Lives and Public Policy (Connecticut: The Devin Adair Company, 1982), draws attention to the dilemma faced by these two Associations. In particular, he notes that, with the Psychiatric Association, a referendum had to be held because of dissent within the caucus. He bears testimony to the fact that a casting vote of the chairperson of the executive altered the vote in favour of the delabelling process. Rueda warns, therefore, that the removal of homosexuality from the Mental Disorders List (DSM III) does not suggest a unanimous acceptance of homosexuality as a non-medical condition by the powerful Psychiatric Association.

Furthermore, the tenor of comments suggests that Gay Organisations and academics have used the decision of the APA to promote homosexuality without considering the underlying feelings of homophobia amongst its members. Rueda unfortunately fails to address the content of the debate offered by some of the foremost psychiatric clinicians at the time, and the reader is consequently referred to some evidence of positive clinical opinion regarding the relationship between

homosexuality and the APA nomenclature. The following sources should be consulted: Stoller, Robert J et al: "A Symposium: Should Homosexuality be in the APA Nomenclature", American Journal of Psychiatry, 130 (11), 1973: 1207-1217; Bayer, Ronald: Homosexuality and American Psychiatry. The Politics of Diagnosis. Princeton, New Jersey: Princeton University Press, 1987.

4. The author is at present, under the auspices of the Human Sciences Research Council (HSRC), undertaking a study into black attitudes in the Western Cape towards homosexuality with a colleague, Dr M Tshabalala. Further details of this study are noted in Chapter 10, p514.
5. South Africa is at present in a state of national emergency. Besides the political and social ramifications in respect of detainees, limited access to the truth, and curtailment of the media, it is difficult to gain access to the black gay shebeens in Soweto, or to make contact with members of the African Gay Association (AGA), of which there are reputed to be about 70 members in the black townships adjacent to Cape Town.
6. See, for example, Hall, Martin: "Resistance and Rebellion in Greater Cape Town, 1985" in Western Cape Roots and Realities, Unpublished Monograph. Cape Town: Centre for African Studies, University of Cape Town, 1986.
7. Gay groups on the campuses of the Universities of Cape Town, Natal, and the Witwatersrand have been given formal permission by the university authorities to operate as regular student groups, with the same rights and privileges accorded to any student group within the framework of the respective Student Representative Council (SRC) constitutions. The University of Cape Town group was accorded this status during 1985, and is known as the Gay and Lesbian Association (GALA).
8. Republic of South Africa. Report of the Ad Hoc Committee of the President's Council on the Immorality Act (Act 23 of 1957). Cape Town: Government Printers, 1985.

The President's Council is an advisory body of elected members and South African government nominees which is charged by the State President to investigate various issues and to recommend legal reform or innovation. Its findings may be accepted, modified or disregarded by the Executive. The Council also has a constitutional role as a mediator in the event of

legislative disagreement between the three houses of the tri-cameral parliament.

On 26 April, 1985, the State President requested the President's Council, in terms of Section 78(1) of the Republic of South Africa Constitution Act (Act 110 of 1983), to advise him on the following:

"Are the provisions of the Immorality Act, 1957 (Act 23 of 1957), with the exception of the provisions of Section 16, comprehensive and effective enough to deal with the matters referred therein and related matters?"

(Government Gazette, 26 April 1985: 19,
Notice 225)

9. The writer spent four months of his research and study leave visiting major centres, including Johannesburg, Pretoria, Durban and Port Elizabeth. These visits facilitated the exploration of gay venues, and interviews with gay leaders of identified gay community groups, or those who had contributed significantly to the "gay liberation effort". Bars, clubs, discotheques, steambaths, "camping locations", and meetings formed the basis for such participant observation.
10. There is currently a split within GASA and other gay groups, notably the gay students' groups affiliated to the SRC's of Cape Town, Witwatersrand and Natal Universities. The so-called "left" gay groups have disassociated themselves from GASA because of its political lobbying for a National Party candidate for the parliamentary seat of Hillbrow (Exit, No 20: June/July 1987: 1-4).

CHAPTER 1

BACKGROUND, AIMS AND OBJECTIVES OF THE STUDY

During the period 1972-1977, the writer, as director of the first crisis clinic in South Africa, was confronted with clients expressing anxiety pertaining to their homosexuality. A research study was undertaken to examine the interrelationship between crisis, anxiety and homosexual concerns. The study earned the writer a Master's Degree in Social Work (with distinction) from the University of Cape Town at the end of 1979.

The research, presented in two separate manuals, empirically investigated the overall levels of manifest anxiety associated with homosexual crises. The first of these manuals gave a comprehensive overview of theoretical and clinical positions, and culminated in descriptions of homosexuality that incorporated human relationship patterns as opposed to sexual behaviour only. The second and more detailed manual described the research protocols, which illustrated that crises experienced by the persons in the sample were accompanied by identifiable anxiety states. The research found that the anxiety profiles were considerably lessened by a process of crisis intervention strategies

offered along the lines advocated by Caplan (1961); Golan (1978); and Hirshowitz (1972).

The thrust of the research dealt with intervention strategies. It did not address the cumulative aspects of the crisis state which were pre-morbid to the presenting concern. With crisis states being appropriately linked to developmental stages (Aguilera and Messick, 1978; Dixon, 1979; Duggan, 1984; Erikson 1959, 1963, 1968; Golan, 1981; Hoff, 1978; Joffe, 1980; Rapoport, 1965), the writer became increasingly aware of the hiatus that existed in both theory and clinical practice reflecting the interlocking factors of development and homosexuality. This specific gap exists also in the literature -- a comprehensive framework examining crisis issues, (both normal and pathogenic) to homosexual ontology is absent. This point has been endorsed by Cass, who says that little knowledge has surfaced in determining homosexual identity. She states:

... changes in old identities and the formation of new ones might occur. Identities are not static pictures of how the individual conceives of self. How might the content and structure of gay identity change over time as the individual moves into adulthood, or from one period of adult life to another?

(Cass, 1984: 115)

Upon the writer's appointment to the full-time teaching staff in the School of Social Work at the University of Cape Town, his clinical work progressed. He obtained permission from the university authorities to undertake private

practice on a part-time basis. Membership of the Institute of Psychotherapy (Western Cape), and teaching and consultant roles within the Departments of Psychiatry and Psychology, gave prominence to his role as a clinician. Further appointments, as Student Advisor within the Faculty of Social Science and Humanities, Academic Advisor on the Committee for Student Affairs and Deputy Director of GASA 60-10 counselling and AIDS support services, were held by the writer.

This role as social work clinician, combined with teaching and research responsibilities, saw an influx of students and members of the community seeking consultation with the writer. Both individuals and homosexual couples were involved.

An overview of some of the psycho-social characteristics of the homosexual clients with whom clinical practice was undertaken, during the period 1982 to 1987, is presented in the Table 1.

TABLE 1

PSYCHO-SOCIAL PROFILE OF A GROUP OF HOMOSEXUAL CLIENTS SEEN BY THE WRITER
FROM 1982 UNTIL 1987 IN PRIVATE PRACTICE

<u>GENDER</u>	<u>N</u>	<u>AGE</u>	<u>N</u>	<u>MARITAL STATUS</u>	<u>N</u>	<u>OCCUPATION (1)</u>	<u>N</u>	<u>PRESENTING PROBLEM (2)</u>	<u>N</u>
Male	48	15-19 years	4	Single	43	High Status	23	Gay relationships	11
Female	0	20-24 years	11	Married	3	Medium Status	6	Sexual identity	4
		25-29 years	7	Divorced	2	Low Status	0	Self-esteem	2
		30-34 years	12			Unemployed	5	Coming out (3)	22
		35-39 years	4			Military serv.	3	Psychiatric	3
		40-44 years	4			Students	11	Isolation	1
		45-49 years	2					AIDS	5
		50-54 years	1						
		55 and over	3						

N = 48

- NOTES: (1) For occupation categories refer to Chapter 8.
 (2) This reflects the prime, ostensible reason for which the client sought therapy.
 (3) Includes anxiety about acceptance by self and others, about legal recrimination, the fear of AIDS and about exposure to family, work and the gay sub-culture.

The overall themes to emerge from contacts with this client population serve to support the contention that, inter alia, homosexual identity is a transitional process. Each stage of the transition is likely to be accompanied by a crisis -- which is either positively or negatively negotiated by the person. The relevant themes emanating from the intervention are listed hereunder:

- * Not all clients were in manifest crisis, and as Lukton contends, it is possible for a person to be "in crisis" without manifesting the condition and without being aware of it, providing his synthetic and executive ego functions are operating to conceal its existence (Lukton, 1974: 385).
- * Those who were in crisis often used the immediacy of the crisis to avoid the issue of homosexual concerns. This relates significantly to the distinction between the moment of crisis and the critical stage which is discussed in Chapter 3.
- * Confusion about identity issues plagued some of the clients
- * The majority presented with diverse features of "coming out"
- * A love-hate symbiotic relationship between the client and the sub-culture was apparent in most of the situations. Either peripheral experience or an overdose of the sub-culture precipitated the problem

- * Relationship issues (or the absence thereof) caused both anxiety and panic. Searching behaviour, accompanied by the loss or absence of a relationship, triggered off unrealistic responses towards, firstly, present feelings of identity ownership or comfort, and, secondly, a need to isolate or estrange themselves from a sub-cultural influence.

Experience of the above-mentioned issues led to a theoretical-clinical format in which to respond to gay-specific crises. In particular, material gleaned from intervention with clients suggested one of the major premises of the present research, viz, that retrospective analysis of past feelings and experiences relating to the growth of homosexual identity is influenced by one or more of the following variables:

- * the crisis is recognised and dealt with
- * the crisis is denied and defensive behaviour ensues
- * the crisis experience leads to considerable relief
- * the crisis resolution (or part thereof) is dependent upon appropriate mourning patterns in association with loss
- * the crisis experience detonates previous unresolved areas of conflict or discomfort.

The last point is particularly relevant to those persons affected by AIDS or its related panic feelings, and which will be dealt with in Chapter 5.

During 1980, homosexual students who sought help from the writer commented without exception on the absence of a crisis-orientated service on the campus. One particular student, who failed a year of medical studies, believed that his situation reflected an inadequate student health care system, and that "gay-sympathetic" counsellors ought to be on hand to deal with gay-specific concerns. This student pressed for an inquiry determining the status of homosexual students on campus. A response initiated by the writer in conjunction with other students and senior staff members, notably from the Faculties of Social Science and Humanities, Law, and Medicine, led to the formation of a small working group, which was ultimately given official status by the University administration, and became linked to the student health centre. This group became known as the Gay Information Working Group (GIG), under the directorship of the principal psychologist of the student health service. The major aims of this group were to disseminate on campus facts pertaining to homosexuality, and to act as a consultative body to both students and the university community as a whole.

Although the overall mandate of this group was both to provide information to dispel myths about homosexuality, and

to offer professional advice to students, the service "hiccupped" for two years, primarily as students and certain staff members believed that the service ought to be accorded the status of a student organisation under the auspices of the SRC. A catalyst in this dry period took the form of a documentary movie, purchased by the university authorities at the instigation of GIG, and entitled "Word is Out"⁽¹⁾. This movie proved to be popular with the student community and drew large numbers to its repeated showings. A new wave of energy was created, primarily because of the increased numbers of "open" gay students, and the fact that there was no harassment of gay students by the university community -- a fear previously voiced by some. Students formed an informal contact group, and support for an official student organisation escalated.

Simultaneously, and most noteworthy to this upsurge on campus, a group of individuals met informally in Cape Town. They believed that if students could mobilise a gay group then the community could do so too. During December 1981 a group of 30 persons (some of whom were the original student group from UCT) met in a restaurant in Cape Town. The first semblance of a "formal" gay group was born in the Cape and was the harbinger of the national group to follow. Its name was "60-10" ("Sixty Ten"), based on the post box number a member offered for correspondence and pseudonym purposes⁽²⁾. A snowball effect occurred, and within months a membership role was established, a draft constitution set out, an

executive committee formed and a list of aims and objectives distributed. By July 1982, some 200 members had pledged their support to 60-10 in the Western Cape. This process gathered momentum and the Gay Association of South Africa (GASA) was born, with affiliation in major areas of South Africa. 60-10 still retained its own identity by calling itself "GASA 60-10".

The writer's involvement with both the university group and 60-10 gave him unique access to the embryonic developmental struggle of a gay organisation. Formal gay issues, such as legal reform and individual fears of expressed gay ideals, were major topics of discussion and sometimes of heated debate. A collective concern of the identified leaders of the 60-10 group also reflected unresolved discomfort about their own personal issues. At the express wishes of the 60-10 executive committee, the writer ran two groups with 16 identified leaders in the community. The purpose of the groups was to deal with issues the members felt needed to be resolved before assuming leadership responsibilities. The two groups ran in parallel twice a week for 10 weeks. In a sense, therefore, they were regarded as "training" groups for lay counsellors.

Of profound value to the writer as facilitator of these two groups was the fact that each member expressed common fears and issues that reflected agendas of unresolved conflicts. Myths existed within the context of homosexual

interrelationships, and the majority of members feared the homosexual sub-culture.

By mid-1982 some 200 members had signed up with 60-10. A membership fee of R10 was payable to a central post box, and a newsletter was sent out to each member. Its purposes were to inform members of events during the given month, to provide articles of interest and to recruit additional members. During this early phase of the organisation's development, the writer served as a consultant to the committee, and gave a series of lectures to interested members. From the unfolding and synthesising of the above-mentioned events, this thesis was born.

In determining research protocols and strategies, particularly in such a sensitive area as homosexuality, the writer had to exercise discretion. A primary objective was to avoid research which would reinforce a heritage of labelling homosexuals as "experimental-worthy". This would have fed into the subjects' sense of suspicion and their sense of being targets for moral blameworthiness. Informal meetings were held with members of 60-10, its executive committee and others, in order to elicit their feelings and opinions. To the writer's surprise, their response was overwhelmingly positive. A general belief was expressed that research was essential in order to dispel myths about homosexuality and form an enlightened base, reflecting

academically-determined facts pertaining to culture, law reform, relationships, lifestyles and "coming-out" issues.

With the approval of this group, the writer set about formulating his research questionnaire, with the idea that he would use full membership of 60-10 as his primary universe. In the meantime, a draft letter was compiled by the Chairman of 60-10 in conjunction with the writer, inviting the full complement of members to respond to the questionnaire. A pilot study was conducted, the respondents being drawn however from outside the membership of 60-10. The questionnaire was shortened after the pilot study, and some of the questions were reformulated. On recommendations received from the pilot group, a list of definitions was included as an appendix to the questionnaire -- in order to remove a sense of ambiguity as well as to standardise certain meanings. During July 1982, 200 questionnaires were sent out to 60-10 members. Following a reminder note sent out by the chairperson, 90 replies were received -- representing a response rate of 48%.

A detailed description and analysis of the methodology will be dealt with in Chapter 7. Meanwhile, the reader might recall that Bell and Weinberg (1978), reflecting the same spirit as other authors (notably De Cecco and Shively, 1984a; Gochros, 1984; Ross, 1983a; Shively, Jones and De Cecco, 1984), warn of the shortcomings of research in this

field, with special reference to sampling. They identify two types of research bias:

Clinical: whereby a cause-effect paradigm leading to a cure system is advocated

Sub-cultural: whereby homosexual populations are gathered from bars, clubs, steambaths etc, reflecting a severe bias.

Both of the above categories give rise to concern. The first incurs the wrath of present-day researchers who believe that the medical model sustains the predicament of homosexuals, who consequently imbibe the "sick" role in order to avoid personal issues. The second, in focusing on the gay sub-culture, suggests that the sub-culture is a reflection of homosexuality per se, which it is not.

Furthermore, De Cecco and Shively offer a precise and relevant warning. They state that researchers:

must address the uncritical use of popular concepts and explanations of sexual identity, the incorporation of unacknowledged moral judgements and the misapplication of the scientific method ... the shift would allow investigators to view sexual relationships from the vantage point of amorality of individual choice rather than a traditional morality of externally-imposed obligations.

(De Cecco and Shively, 1984b: 1)

Research into homosexuality in South Africa has hitherto been limited. Sample populations have usually been drawn from university students or patients in institutions. However, some researchers have attempted to broaden the scope of inquiry in order to address sociological and cultural factors. These include Helm (1973), Horwitz (1981), Joubert (1985), Joubert et al (1980), Normann (1983), Schurink (1982, 1983 and 1986), Strydom (1972), Woolfson (1980), and Isodem⁽³⁾.

The present research sought to eliminate some of the traditional biases. The following issues were taken into consideration:

- (a) 200 members of 60-10 were drawn from the Cape Peninsula
- (b) they were not identified as belonging to a specific category of the sub-culture, eg bar goer, frequenter of discotheques, "cruisers", etc
- (c) their claim to homosexuality was their identification with a gay organisation, and not necessarily an open acknowledgement of their participation within a sub-cultural context as mentioned in (b) above

- (d) the constitution of 60-10 is non-racial and non-sexist, so all members of the society, including females and heterosexuals, could have responded to the questionnaire. In fact, however, all respondents were male.

Although the major limitations of the study will be described and discussed in Chapter 7, there are three issues which, in the writer's opinion, need to be mentioned at the outset:

1. The thesis focuses entirely upon male homosexuality. References to lesbian behaviour and heterosexuality are given within the context of certain debates in order to capture a specific point. Lesbian behaviour, as the literature⁽⁴⁾ has made so clear, needs to be discussed as a subject in its own entirety. Attention must be drawn to the fact that, of the 200 members who constituted the universe, a few consisted of women. However, no responses were received from female members of 60-10. Should responses have been received, they would not have served the purposes of this particular study, and would have been excluded.
2. The questionnaire purposely did not draw attention to race or gender. (The writer had access to the mailing list, and in conjunction with the chairperson was able to note the gender differences between members.) At

the request of the committee these items were left out, for they touched upon a highly sensitive issue, a matter which is still continuing today. At the inception of 60-10, it was obvious that "coloured" persons had joined as members. With the principle of non-discrimination enshrined in the group's constitution, it would have been entirely inappropriate as well as insensitive to ask people to classify themselves according to a racial or ethnic definition. Hence some of the responses received might have been from members of an arbitrarily-defined population group within the context of South African racial laws -- that is not called "white". This issue is mentioned here, as it will highlight important factors when the sub-culture, AIDS, and clinical realities are discussed in the course of the thesis.

3. The writer, due to his exposure on several levels to the gay collective in South Africa (see Chapter 7) is aware that this exposure might have had some bearing on the responses to the questionnaire, either positively or negatively. Persons who revealed aspects of their identity profile on the questionnaire might not have replied as honestly as they should have, for fear of revealing themselves to the writer. Others offered extremely sensitive information and, in the expectation that a subsequent interview might be held with the writer, used the questionnaire as a precursor of or

invitation to therapy. After careful deliberation, and as a result of the spontaneous commentaries offered by the respondents, the writer decided against formal interviews with the respondents. However, 23 respondents subsequently made contact with the writer and entered into a therapeutic relationship with him, but since this occurred after the data gathering, their responses to the questionnaire would not have been influenced by therapeutic intervention. They constitute part of the caseload described in Table 1 above, and their concerns will be reflected during the course of the thesis.

It is necessary at this point to offer the operational definitions that are central to this study. A glossary of terms drawn up to guide the respondents (in terms of the operational definition) contained the following two definitions.

By crisis is meant a serious event or situation in your life accompanied by, for instance:

- * a feeling of panic
- * intense feelings of fear and anxiety
- * a threat to your well-being
- * a sense of loss
- * the feeling that you are no longer able to cope properly with your everyday tasks.

Coming out means your recognition that you are homosexual rather than heterosexual. This may happen via an event or situation, or an accumulation of feelings and/or experiences, whereby you admit to yourself (and possibly to others) that you are gay.

For the purpose of the research, the following key definitions are offered:

CRISIS

Crisis is generally defined as a time when a person faces an obstacle to important life goals that is, for a time, insurmountable through the utilisation of his customary methods of problem-solving (Caplan, 1964: 44).

HOMOSEXUALITY

Homosexuality is seen as a broad spectrum of psychological, emotional and sexual variables in a state of interplay between two [sic]⁽⁵⁾ persons of the same sex. Homosexuality is not only sexual attraction between two [sic] people of the same sex, but also includes: (i) an emotional as well as a physical bond; (ii) a fantasy system; and (iii) an element of

symbolism, eroticism and sexuality. Homosexuality can be experienced in different degrees (Isaacs and Miller, 1985: 327).

GAY

The term "gay" antedates the term "homosexuality" by several centuries, and has generally been employed with far greater precision: most speakers use "gay" to describe persons who are conscious of their erotic preference for their own gender. (In a prison, for example, many persons may be involved in homosexual acts or even relationships without thinking of themselves as "gay".) "Gay", says Boswell (1980: 44), "refers to persons who are conscious of erotic inclination toward their own gender as a distinguishing characteristic or, loosely, to things associated with such people, as 'gay poetry' ". "Gay" may also refer to a state of feeling guilt-free, or freedom from homosexual oppression, as well as being able to identify with and participate within a sub-culture. Not all homosexuals are "gay". Nevertheless, throughout the thesis the terms "gay" and "homosexual" will be used interchangeably. Where necessary, direct reference will be made to the political and psychological impact of "gay" versus "homosexual".

GAY COMMUNITY

The term "gay community" is really a misnomer (Milligan, 1975). No sense of a true gay community exists in South Africa. Community suggests geographical location, a theory of systems, structural arrangements for survival and adaptation, a development of interactive relationships and shared ways of thinking, feeling and acting, all of which are internalised by the whole population, and with which each individual identifies himself in a particular degree according to his personal living experience (adapted from Ferrinho, 1981: 4). In South Africa the "gay community" is a colloquial expression symbolising a COLLECTIVE of persons who might live in a particular geographical environ, or even a block of apartments. Its connotation embraces an ideology of gay expression and political and social feelings, as opposed to what is suggested by the formal definition. Furthermore, the concept "community" really pertains to a minority of homosexual persons -- in essence, those who are part of the sub-culture, and who endorse or subscribe to its ethos.

SUB-CULTURE

According to Bronski,

A sub-culture is any group excluded from the dominant culture, either by self-definition or by ostracism. The outsider status allows the definition or ostracism. The outsider status allows the development of a distinct culture, based, however, on the mainstream. Over time, this culture creates and recreates itself -- politically and artistically -- along with, as well as in reaction to, the prevailing cultural norms. No counterculture [sic]⁽⁶⁾ can define itself independently of the dominant culture. By definition it is distinct, yet there is always the urge, if only for survival's sake, to seek acceptance.

(Bronski, 1984: 6)

THE OBJECTIVES OF THE STUDY

The central theme of this work is crisis. The writer, through the process of literary exploration, clinical practice, participant observation and empirical data-gathering, sought to explore the relationship between homosexual identity development and crisis. Of particular concern to him was that nowhere in the relevant source material was found reference to homosexual concerns when dealing with crisis protocols. Cass (1984) in fact urges researchers in this field to examine the homosexual's internal framework as opposed to projective responses onto an external system. More simply stated, Cass's plea is to examine the subjective responses of homosexual pain as opposed to personal, social, religious, legal and political

responses to homosexuality. She is, indeed reflecting upon the dichotomy between ego-centred and socio-centred responses which will be elaborated upon in Chapter 8.

A poignant illustration of the aforementioned issue is a statement often made by homosexual persons. "I am unhappy with my homosexuality because my parents (society) or (religion) disapprove." Rarely is the statement made whereby the individual acknowledges that his discomfort belongs to him, and that part of the ownership of that discomfort could be manifest in a personal expression of crisis -- without resorting to the tactic of blame. This sense of self-oppression as a way to combat or avoid dealing with growth-actualisation is a thread that runs manifest throughout the study.

Thus this study has sought to explore and elaborate upon the following matters:

- * Homosexual identity development is a complex and ongoing process. Homosexual unfolding is experienced in varying degrees and at different stages during the life space of an individual. It is not a definitive process that suddenly happens.
- * Identity development is influenced by the presence (or absence) of crises. These crises are normal episodes, but they have the potential to reflect pathogenic behaviour.

- * Identity development takes place via a series of cumulative incidents which have cerebral and behavioural components. If one or more of the situations (incidents) are not successfully negotiated, the residual components of that incident can manifest at a later stage and retard or accelerate the identity process.
- * "Coming out" is not synonymous with homosexual identity development. Coming out is the accepted vernacular phrase to describe an event which contributes to the sensation of homosexuality. It is only part of the process of identity development.
- * Homosexual identity development begins at an early age, becomes definable at puberty, and begins to take its course depending on levels of sub-cultural assimilation or rejection.
- * The homosexual sub-culture, which is influenced by traditional forms of expression and behaviour, is a double bind⁽⁷⁾. It metaphorically procreates homosexuality and at the same time binds the person to a separatist and marginal culture. The gay sub-culture has an allegiance to its own survival and indirectly fosters gay self-oppression.
- * AIDS and the AIDS-related complex has a direct bearing on the process of identity development and co-exists within a crisis ethos.

Three further factors have direct bearing on the study and are described as secondary research assumptions. They are:

- * Alternative or fringe cultures, that are not necessarily gay, but subscribe to part of the gay mystique, are regarded by gay persons as usurpers of their territory. These groups are perceived as a threat to the exclusivity of homosexual behaviour.
- * Bisexuality, which has a direct bearing on and sense of relevance to the above point, is still regarded by the gay community as a "step-sister" to homosexuality. Although bisexuality may be interpreted as a testing-out phase for the acquiring of a consolidated identity within the homosexual ethos, it has ramifications for identity development -- particularly within the sub-culture.
- * The rise of gay movements in South Africa has given cause for concern. Although they might symbolically represent homosexual or gay aspirations, the nature of the structure and philosophy of these organisations has created splits in the gay collective. An issue currently expressed with concern is the priority of gay rights versus human rights.

Finally the study identifies the inseparable link between crisis intervention and Social Work (Robertson, 1986). The theory and practice of crisis intervention have changed in one major respect since its development during the 1960's and 70's. From dealing mainly with the individual in the crisis situation (Caplan, 1964), there has been a contextual shift in examining and dealing with crises from a socio-ecological perspective. The widening of the parameters is a predictable result of applying systems theory to crisis situations, since crises expose the reciprocal interplay between the individual, the family and the community (Gambrill, 1983; Lee, 1966; and Robertson, 1986).

Although the Wolfenden Commission in 1957 led to the legalisation of adult homosexual relationships in private in Britain, it was not until the mid-70's that the pendulum began to swing in favour of recognising the rights and human needs of homosexual persons in the USA. Pre-70's writings leaned heavily on the pathologies, clinical issues, Anita Bryant-type witch hunts against gays, and a determination to seek out a "cause" which would then lead to a cure. The post-70's revealed a surge of liberation themes, homophile organisations, international affiliations of gay caucuses, with emphasis on normality within an idiosyncratic or alternative lifestyle.

Slow to change, however, were two sets of attitudes. Firstly, the general community was, and still is, consumed with homophobic attitudes. Secondly, the gay population -- or sets of gay collectives -- were and are trapped within the myths of existing sub-cultural norms. Two sets of messages are transmitted simultaneously: It's good and relevant to be gay, but, it is still frowned upon, and legal, social and religious proscriptions still exist. This very issue is pertinent in South Africa today. The striving for personal authenticity by a minority group, already trapped in a society bruised by turmoil, represents the ongoing crisis that influences personal actualisation.

NOTES

1. **WORD IS OUT:** A full-length documentary consisting of interviews with lesbian women and gay men from a variety of social circumstances in the United States. The film concentrates on their current lifestyles and concerns, especially their view of their present situations in society.

A 2 to 18-year age restriction has been imposed by the South African Board of Censors. (16mm film, 120 minutes in 3 parts, sound, colour, 1978.)

In: J W Jagger Library, University of Cape Town, Private Bag, Rondebosch, South Africa, 7700.

2. Because of the fear of police reprisals and public exposure, one determining factor contributing to the establishment of GASA 60-10 was the assurance that the membership lists would remain both anonymous and confidential. A post box number, 60-10 was to be used for all correspondence and membership details were to be secured in a safety deposit box. The name GASA 6010 still exists to this day.
3. **ISODEM** (The Institute for Sociological and Demographic Research of the Human Sciences Research Council: HSRC) has in the past conducted research on various aspects of homosexuality. Such research has included female homosexuality, the development of the gay personality, the homosexual sub-culture, and male homosexuality.

A more recent survey conducted by Glanz (1987) is reflected in a HSRC Memorandum entitled: "Attitudes of White South Africans Towards Legal Rights of Homosexuals", Pretoria: Human Sciences Research Council.

This study, undertaken as a response to the President's Council's request to advise Parliament on the viability of the Immorality Act (No 23 of 1957) [as amended], concluded that a considerable majority of white South Africans are opposed to granting three main legal concessions to homosexual persons.

These concessions upon which the investigation was based, are: legality of same-sex behaviour between consenting adults; adoption; custody of children.

4. For comprehensive overviews pertaining to lesbian or female homosexual relationships, the reader is advised to consult the following:

- (i) Browning, Christine. "Therapeutic Issues and Intervention Strategies with Young Lesbian Adults: A Developmental Approach." *Journal of Homosexuality*, 14 (1), 1987: 45-52.
- (ii) Chapman, Beate E, and Brannock, Joanne. "Proposed Model of Lesbian Identity Development: An Empirical Examination." *Journal of Homosexuality*, 14 (3), 1987: 69-80.
- (iii) Moses, A E and Hawkins, R O Jnr. *Counselling Lesbian Women and Gay Men: A Life Issues Approach*. St. Louis, Missouri: Mosby, 1982.
- (iv) Strydom, K J D. *Die Psigo-Maatskaplike Aspekte van Homoseksualiteit: 'n Veld en Dokumentêre Studie met Spesiale Verwysing na Psigiatriese Maatskaplike Werk in Suid Afrika*. Unpublished PhD thesis, University of Cape Town, 1972.
- (v) Woolfson, L R. *Psychological Androgyny and Gender Identity in Adult Homosexual and Heterosexual Females*. Unpublished, PhD thesis, University of South Africa, 1980.

5. This definition of homosexuality was developed by the writer for his Master's dissertation, and subsequently used by him and co-author D Miller to present a comprehensive definition on homosexuality in the context of persons with AIDS (cf Isaacs, G M and Miller, D. "AIDS -- its implications for South African Homosexuals and the mediating role of the medical practitioner." *South African Medical Journal*, 68, 1985: 327-330. There is a basic flaw in this definition, for it confines homosexuality to an interaction between two persons only. The definition should eliminate the word "two" and be read as follows:

Homosexuality is seen as a broad spectrum of psychological, emotional and sexual variables in a state of interplay between persons of the same sex.

6. Bronski (1984), incorporates the term "counter-culture" alongside his description of the gay sub-culture. However, as shown in Chapter 4, these terms are not synonymous, although they are used by Bronski in the same sense that Gouldner in *The Coming crisis of Western Sociology* (1971) as cited by Pearson (1973), uses to describe "counter-culture". Pearson describes

Gouldner's use of "Psychedelic culture" which characterise the "cool cats, the beats, the swingers, the hippies, the acid heads, and the new left." Therefore, attention is drawn to the fact that counter-culture is not necessarily gay, and that "deviant" lifestyle is no longer restricted to the [gay] ghetto, but is embraced by some sections of the young and potentially middle class as a symptom of resistance to utilitarian values. (Pearson, G: "Social Work as the Privatised Solution." *The British Journal of Social Work*, 3 (2), 1973: 209-225.

7. The Double-Bind Hypothesis is based on Bateson's hypothesis about the aetiology of schizophrenics. In essence, this hypothesis suggests that contradicting messages give rise to a paradoxical situation for the recipient. In the current research, the double-bind is extended into the social arena where the messages received by gay persons are confused, and full of uncertain and shifting meanings. An example of a double-bind would be the attempts by gay persons to secure a long term meaningful relationship, a value subscribed to by the sub-cultural ethos, but at the same time receiving messages from the very same sub-culture, that in fact, gay relationships do not work.

CHAPTER 2

HOMOSEXUAL IDENTITY GROWTH

Overlooking the diversity of its nature, sexual identity has usually been conceptualised as if it were no more than a dichotomy: one is either homosexual (gay) or heterosexual (straight). Yet at the same time identity has been puzzled over in the thought laboratories of academic alchemists for centuries. Scientific discourse, occurring chiefly in European and American medicine, began to probe more deeply into the oversimplified "either/or" version of sexual identity. The architect of this movement was Benkert, a Hungarian physician who coined the term homosexuality, and gave birth to the first critical explanation of sexual behaviour. Benkert's response was chiefly due to the alteration of the sexual laws and codes in the Napoleonic era, whereby same sex behaviour was placed on an equal basis to that of opposite sex behaviour.

Following upon Benkert's tradition, Ulrich, a German homosexual philosopher, described the term Uranian ("Urning" in German). This term really embodied the concept of a third sex -- in essence, a woman's mind in a man's body. This notion was the precursor of the series of bio-psychological theorists, including Freud, Krafft-Ebing,

Moll, and Hirschfield. The contribution of these theorists towards the understanding of homosexuality identity included the following assumptions:

- * that homosexual behaviour was genetically predetermined;
- * that homosexual behaviour was a form of arrested development;
- * that hormones, germs, and sexual instincts, which are lodged in the cerebral cortex, were transmitted to the foetal brain;
- * that homosexuals were congenitally diseased, resulting in incomplete sexual development;
- * that homosexuality was an inversion, a process which, if not overcome, would result in bio-sexual degeneration.

The above discourses were attempts at scientific truth, but reflected moral judgments, and the belief that people's biological sex is the reality within which all human relationships function. Concern about this form of fundamentalism is described by De Cecco and Shively, who sum up the biological theorists in the following words: "By portraying homosexuals as 'intersexuals', unfinished exemplars of their biological sexes, they were assigning them to an inferior rank on the scale of social values, while reassuring the prevailing role stereotypes" (De Cecco and Shively, 1984b: 13).

Sexual expression and interaction have been described essentially according to the premises of biological determinism. Even with the onset of enlightenment, enhanced by the post-Freudian renaissance, a bio-genetic framework has governed the focus of inquiry. The innovative work of Kinsey and his associates published in 1948 did little to dispel the indelible damage of the powerful medical model. With the noticeable escalation of homosexual literature, particularly from the mid-1970's to date, studies have contradicted the beliefs of past eras. Recent research reveals a far broader range of opinions without necessarily denigrating homosexuality to the state of an illness. Studies such as those of Bell and Weinberg (1978), Coleman (1982), Hault (1984), Masters and Johnson (1979), Minton and McDonald (1984), and Spada (1979) collectively reflect and examine the diversity of sexual relationships among men and women, and highlight gross shortcomings within the context of gender development, the nature and intent of homosexual sex patterns, homosexual identity, bio-genetic disputes, and homosexual lifestyles. In essence, the key issue to emerge from these authors is that homosexual behaviour reflects feelings, attitudes, and sexual expressions within the context of relationships, which are held by the individuals alone, or in conjunction with others.

In overviewing the literature, both past and recent, a sense of disquiet is engendered -- a result of an explosion of

academic and literary pursuits into the legacy of homosexuality. Jeffery Weeks captures this when he concludes that: "Homosexual behaviour cannot be crammed into any one predetermined mould, because it [homosexuality] pervades many different aspects of social experience" (Weeks, 1977: 33). To extend Weeks's contention, the writer expresses concern over the mushroom-like cloud of homosexual thinking that hangs over the heads of multitudes of persons who have to sift through diverse and conflicting opinions in order to establish a sense of verisimilitude for themselves. Listed below are some pointers which will guide the reader into the heart of this debate:

- (i) Homophile writing has overlooked some parent and/or other literature that is relevant to human identity. A specific example is the work of Erik Erikson who, as a post-Freudian and an ego-psychologist, has offered invaluable theoretical treatises on stages of identity development. Yet nowhere in the excellent book on homosexual identity development published by the Haworth Press in 1984, is Erikson dealt with in respect of linking his stages to those of homosexual unfolding. The reason is apparent. Erikson believes that homosexuality is part of a retarded or arrested form of sexual development, and that sexual growth culminates in the Utopian state of heterosexual marriage. An uncomfortable parallel

exists in the separatist philosophy that has beleaguered homosexuals for decades. However, homosexual identity should rather be seen as part of the wider spectrum of human sexuality in general.

- (ii) Descriptions of homosexual identity abound with truisms concerning the genesis of same-sex attraction, stages, and developmental patterns (De Cecco, 1981; King, 1984; Minton and McDonald, 1984; Thompson et al, 1973). However, little attention is directed towards the internal needs and responses of gay people in respect of their identity priorities.
- (iii) The fast flow of academic insights, coupled with gay activism, has induced yet another double-bind for gay persons. The acceptance of homosexuality as non-pathological by some does not necessarily imply:
 - (a) automatic self-acceptance
 - (b) societal acceptance.

There is a continual disparity between external and internal levels of acceptance and assimilation of feelings and experiences. Internal IMPLOSIONS are often lost at the expense

of external EXPLOSIONS and represent the major contributing factor towards the ongoing crisis of homosexual self-oppression.

- (iv) Homosexuals have felt the need to defend themselves against the onslaught of accusations levelled against them. This collective defence, or form of projection, is generalised towards society. Society's interpretation of the homosexual heterophobia merely seeks to reduce this to a nuisance factor, and counter-attacks with precision against homosexual behaviour. This point is spelled out in a memorandum submitted to the Select Committee, Health and Social Services, The House of Commons, UK, on December 8, 1986, in respect of AIDS. The author, John Seale (MD), in a diatribe against homosexuality, proceeds to warn the British Government of the evils of homosexuality, and says:

The most urgent step to be taken is to break the pervasive grip by homosexuals on the information and disinformation which has emanated for so long from the journals of science and medicine, and from much of the media. Once this has been done, other scientists, doctors and politicians can assess accurately the reality of the situation.

(Seale, 1986: 11)

Seale's injunctions also extend into the arena of Social Work's response to sexual behaviour in general (Stein, 1988). In order to accommodate the role of Social Work's individualised commitment to society, and, in consequence, defuse the location of homophobia in social workers, Hart offers an operational definition of human sexuality that includes special kinds of behaviour. He believes that human sexual conduct is "the expression of the physical and psychological experience of sexual desires and/or sexual usage, for physical and/or social ends" (Hart, 1979: 6).

The plea, therefore, is to examine human sexuality according to sets of cultural differences which would include the cultural setting of the helping encounters, as well as the power relationship between worker and client. Gagnon and Simon capture this point specifically when they refer to the nature of societal responses (including the social worker's) to sexuality. They say:

At no point is the belief in the national and universal more entrenched than in the study of sexuality. The critical significance of reproduction in species survival is made central to a model of man and woman in which biological arrangements are translated into sociocultural imperatives.

(Gagnon and Simon, 1974: 3-4)

Therefore, the concept of homosexual identity is best discussed within the systemic framework of interaction between society, the homosexual, and the homosexual sub-culture.

Homosexual identity development must be addressed within the broader parameters of human sexuality (Elphis, 1987; Rojek et al, 1988; Stein, 1988). It is the writer's contention that historical inquiries have obscured the true understanding of homosexual identity. The first eclipse is noticeable in the definitions of homosexuality. The majority of texts parochially define homosexuality as a sexual proclivity between two persons of the same sex. The Concise Oxford Dictionary describes homosexuality as: "having a sexual propensity for persons of one's own sex" in comparison with the definition of heterosexuality, which is "relating to or characterised by the normal relationship of the sexes" (Concise Oxford Dictionary, 4th Edition, 1951: 572).

The definition embodies the generally upheld belief that homosexuals are creatures of sex, while heterosexuals are creatures of normal interpersonal relationships. The tacit message is that homosexuality is abnormal and without the purpose of a relationship, ie that it consists of overt sexual behaviour only, without the relationship content that overt sexual acts usually imply in human society. This opinion is widely held by BOTH homosexuals and heterosexuals.

The second eclipse relates to identity. The literal meaning of identity is "individuality" or "personality". Therefore

it stands to reason that identity is conceived of as an essence lodged within and determined by the individual. Identity is not synonymous with gender (Hart, 1979). At the outset it must be clearly stated that gender differentiates the male and female physiological attributes that are genetically inherited. Identity relates to gender only in so far as the male or female physiology is incorporated into the psycho-social structure of the individual. Sarrel and Sarrel, in an excellent exposition of sexual unfolding in adolescence, speak of identity not as

a body reality, but the 'perception' of reality -- the personal meaning -- for a given individual. The composite of these perceptions is called the 'body image', and it is made up of unconscious, preconscious and conscious elements.

(Sarrel and Sarrel, 1979: 23)

The following definition of homosexuality embraces both gender and homosexual identity.

Homosexuality is seen as a broad spectrum of psychological, emotional and sexual variables in a state of interplay between two [sic] persons of the same gender. Homosexuality is not only sex attraction between two [sic] persons of the same sex, but also includes: (i) an emotional as well as physical bond (ii) a fantasy system, and (iii) an element of symbolism, eroticism and sexuality. Homosexuality can be experienced in different degrees.

(Isaacs and Miller, 1985)

De Cecco and Shively complement this definition with features that include identity factors as well as sexual conduct - within the context of attitudes of persons in

direct relationship with one another. They say that homosexuality may include: "beliefs about biological sex, femininity and masculinity, complementarity, exclusivity, sensuosity, intimacy and permanency" (De Cecco and Shively, 1984b: 2).

Identity issues have been discussed by Erikson (1956, 1959, 1963, 1968), Freud (1977), Kinsey et al (1948), Mead (1934), and Stoller (1969). In particular, the symbolic interaction approaches advocated by Plummer (1975), and Mead (1934) provide a baseline for the understanding of identity. Identity is perceived as an evolution of experience proceeding through an increased awareness of a person's ability to harness the attitudes of others towards one's own actions and behaviour. In other words a dual form of differentiation occurs. The "self" is seen because of competition with the "other", and the owning of one's experiences is based on external reality which ultimately becomes part of the internal being. This form of symbolic interactionism emphasises that the negotiation of the self-other and the I-me dichotomies requires the structuring of experiences. This experience is mediated through the social process, and the subsequent (if not simultaneous) internal acknowledgement of this process. This point is extremely important and has direct relevance to the chapter on sub-cultural influences on homosexual identity development.

A duality of experiences exists for the homosexual person. He gains two sets of behaviours (self vs self and self vs others), firstly from his immediate environment (family, friends, school, community) and secondly from his direct or indirect exposure to the homosexual sub-culture. Erikson expands upon this view. He speaks about the ability of a person to situate himself within a social context. Paradoxically the inability to feel comfortable within any given social context can give rise to a sense of alienation, leading to the prerequisites for crisis. Thus identity is both a process and a structure for foundation. For Erikson, a psycho-social identity is a continuous exchange, in which earlier phases of identification patterns, present forms of competencies, and future aspirations are interdependent. He focuses on adolescence as a crucial period for identity stability, and believes that the adolescent discovers identity through "achievement that has meaning in the culture" (Erikson, 1968: 228). This point is crucial for the present study. Each culture nurtures its members towards some form of identity consolidation which is both appropriate to the relevant social structure and idealistically congruent and manageable for the individual.

The unfolding of the homosexual identity may be described as a tripartite process. Firstly, the individual has to deal with his (her) biological inheritance and come to terms with the masculine (feminine) gender. This is chiefly facilitated within the boundaries of the family system.

This is part of the person's social identity development, and is based upon the codes of the impacting family and community structures. The second process is the person's internal dialogue with himself. His identity fantasies and expectations become a private matter, BUT occur within the parameters of his social milieu, ie his micro-culture. The third process, and perhaps the most powerful, is the sub-cultural identity. This manifests at a later stage of psycho-social development (usually late adolescence onwards), and is dependent on the successful negotiation of the previous two phases for some form of cohesive integration. While Erikson sees "identity crisis" as a rite de passage within the framework of adolescence, he believes in the remedial support of peers and close cliques, so that a progressive sense of belonging and being within an experimental framework helps to negotiate an identity. As will be discussed further in this chapter, this period underpins the hidden crisis of the homosexual person, whose sense of identity has often unfolded (internally) during the pre-adolescent years. Thus, during this formative and highly evocative period, the adolescent who is dealing with his homosexual sensibilities has to contend with his identity features within a tripartite context.

Erikson's eight stages of identity development⁽¹⁾ are relevant for the understanding of the longitudinal process of identity formation, and constitute guidelines for the comprehensive understanding of identity patterns. He warns

that the unsuccessful negotiation of one stage, for example "intimacy versus isolation", could lead to the formation of a full-blown crisis at a later stage, with the residual trauma from an earlier period surfacing. Thus persons who, due to earlier problems of development, find their sexual desires unbearably threatening, will experience severe identity confusion. Similarly, persons who find that their sexual feelings are not within the context of so-called "normal" expectations will set themselves apart, knowing that they are different. This sense of difference needs to be examined.

As this chapter goes on to reflect, feelings of a sense of "difference" emerge within homosexual persons during childhood, and are often sustained throughout the period of life transitions. The majority of respondents in the survey, in their open-ended commentaries, indicated a sense, or sensation, of having felt different around the ages of four to seven years. Although the writer challenges that this sense of "difference" was in fact what it is usually implied as having been, the fact that the claim is made at all has vital implications for the understanding of homosexual identity. The sense of difference is in fact an idiosyncratic experience within the context of the individual's private world, juxtaposed with his external ego

realities. The concept "different" has featured in homosexual identity as follows:

- (a) different because of sexual activities
- (b) different because society has labelled them as such
- (c) different because of a stereotypical fancy, such as "artistic" or "sensitive"
- (d) different because difference has become personified as a way of life
- (e) different because the gay sub-culture has accepted this sense of difference as an identity construct.

Troiden, in a study on gay identity acquisition in 150 homosexual males, reflects that the "difference" is in fact a sense of "apartness from more conventional peers" (Troiden, 1979: 363). This sense of difference is manifested by general alienation, a feeling of gender inadequacy, as well as warmth and excitement in the presence of other males. Minton and McDonald (1984) contend that the difference expressed by homosexuals during their childhood/adolescent years is a feeling of separateness as well as isolation, which combine to give rise to a sense of sexual difference. Sexual identity is more than a biological concept that makes the anatomical differences between males and females the pivotal distinction. The mistake that has been made in the past, based on bio-genetic theories, is that the male-female differences have actually

been described as psychological properties of the individual. Notable are those distinctions governing feminine or masculine attitudes, male or female behaviour patterns, and male and female sexual conduct. These differences have usually been taken to have a socially-determined status or interpretation.

A major dilemma in examining identity is that confusion exists as to whether an ego identity is synonymous with homosexual identity. Theorists, including Cass (1984), Dank (1971), Humphreys (1979), Richardson and Hart (1981), Weeks (1981) and Weinberg (1978), have argued for a distinction between behavioural terms and cognitive issues. They express the belief that sexual preference, sexual orientation, and sexual identity are separate issues, and support Erikson's contention that ego identity must be seen as separate from sexual identity. Cass (1984) succinctly places this in perspective when she reminds us that, once identity is established, it becomes an integral part of the person, hence the belief that homosexual identity is in fact a true or real self. This owning of one's identity is supported to a large extent by the gay sub-culture, who believe a homosexual identity is only true when the person can subscribe to the word "gay". Because of the all-embracing features that govern a homosexual identity,

ranging from ego assimilation to minority identity issues, Cass has the following to say:

The multidimensional continuum approach suggests that homosexual identity may vary on any number of dimensions. There are [sic] a myriad of meanings that individuals can include in their perception of themselves as a 'homosexual'. A sound theory of gay identity must be able to incorporate within its proposals the multi-faceted nature of identity. What is the content of the different aspects of homosexual identity? What is the relative importance of each component in different life situations and for different individuals? Which personal and social factors are influential in changing identity components during identity acquisition?

(Cass, 1984: 116-117)

To place Cass's rhetorical questions within the context of this present study, homosexual identity development needs to be seen as a vibrant and ongoing system which is nurtured within the following structures:

- (a) the apparatus of fantasies and daydreams
- (b) gender attributes including the processing of animus-anima issues⁽²⁾
- (c) sub-cultural influence.

Thus cerebral fantasy, external reality, and the specific sub-cultural patterns are basic to homosexual identity. It is the writer's firm belief that two overriding features have led to confusion within and without the homosexual world. By emphasizing sex attraction at the expense of emotional or other forms of ideological expression,

homosexuality and its influence on individuals has been enshrined in an edifice of sexual "acting-out" behaviour. This may be attributed to the fact that homosexuals were considered sexual deviants (not human deviants) and so the messages and symbols of sex indulgent behaviour became part of an enmeshment philosophy. Understandably, homosexual "procreation" takes place via specific ritual determined by the sub-culture. Thus, to perpetuate the sense of identity, the sub-culture, with its entrenched system of messages and meta-messages, allows for the metaphorical procreation of the "species". Therefore sexuality, a core participant in the totality of the identity struggle, has been deified within the homosexual mythos. Until this umbilical cord which attaches the homosexual to the womb of the sub-culture, with its sexual protocols high on the priority list, is placed into perspective, homosexual identity will be perceived in sexual terms only.

The writer cannot deny (nor would he wish to) the importance of understanding both psychodynamic and learning theory concepts pertaining to human development and personality actualisation -- with particular reference to homosexuality. The id, ego, super-ego, collective unconscious as well as family dynamics are basic to homosexual reality (Isaacs, 1979a). Nor can the emphasis of more recent (and relevant) sociological theories of culture, role, systems and communication be cast aside. The following points serve as

a preamble to a holistic model of homosexual identity development to be offered later on:

1. The cause of homosexuality, as in the last analysis the cause of every human condition, is no more and no less than the successful procreation between a man and a woman, resulting in offspring.
2. The infant, with his (her) biological inheritance, usually responds to a set of male-female images (Murray, 1968).
3. As the homosexual cerebral schemata (often of unknown and undetermined origin) begin to mature, so the human ego begins to develop.
4. The human ego has a dual task. First it has to decipher and deal with internal responses or sets of feelings that have, in Jungian terms, an "animus-anima" component. Second, it must respond to and deal with the external male and female systems which confront it, and between which there might be a conflict.

A PROPOSED MODEL OF HOMOSEXUAL IDENTITY DEVELOPMENT

The model the writer proposes is presented in six developmental stages, with the relevant, but relatively arbitrary age profiles accompanying each stage. This model is based upon extensive survey of the literature (Stricklin, 1974, is particularly helpful), upon the writer's

experiences in his clinical practice, and upon data gathered from his survey.

Although this model is homosexual specific, its stages of identity development could equally apply to areas of human sexuality in general (ie heterosexuality). Fantasies, notions of difference, identity confusion and idiosyncratic styles of sexual expression are not peculiar to homosexual development. However, in order to elucidate the specific structure and patterns of identity growth, the descriptions relate to a homosexual ethos only. Therefore, like most developmental theories, this model has a heuristic value (Coleman, 1987; Weinberg, 1984), and thus does not conform to a definable reality.

STAGE ONE: INFANCY AND EARLY CHILDHOOD (BIRTH TO NINE YEARS)

IDENTITY DIFFUSION

In accordance with child developmental theory (Barker, 1983; Biller, 1971; Bowlby, 1970; Erikson, 1963; Freud, 1977; Klein, 1959; Mahler, 1971, 1974; Winnicott, 1965, 1971), the first four years of life are crucial for development.

Klein and her object-relations school stress the importance of the internalised object in determining the alteration of

instincts, intrapsychic conflicts and psychic structures of the infant. She states:

If we look at our adult world from the viewpoint of its roots in infancy, we gain an insight into the way our mind, our habits and our views have been built up from the earliest infantile fantasies and emotions to the most complex and sophisticated adult manifestations.

(Klein, 1959: 302)

Mahler (1971) adds to the dimension of the early bonding experiences between the infant and his caretakers, and postulates a separation-individuation process. This outlines a complex and primitive psychological sequence that evolves during the first two years of the child's life. Separation occurs when the child moves away from a psychic fusion with the mother (or caretaker), and individuation represents the steps that lead to the development of an individual's personal and unique characteristics.

Wirz views the transition period as an incompleting process, but emphasises that the favourable negotiation of the separation-individuation sequence is thought to lead to psychological birth. She suggests that this negotiation helps to facilitate the development of adaptive capacities, the acquisition of identity and the resources for mutuality in human relationships. Furthermore, she stresses that the qualities of trust, compassion, and congruency are acquired through significant exchanges between the child and the family (or significant others) (Wirz, 1988: 7).

Thus, the infant responds primitively to the cues offered to him by his caretakers, and this sets the pace for the beginnings of the process of his identification or, in object-relationship terms, the beginning of a sense of self perceived as separate from others.

In studies determining the onset of homosexual behaviour (Bieber, 1962; Freund and Blanchard, 1983; Stoller, 1969), a distinguishing feature was an exploration of the labyrinth of responses from homosexual persons to the male and female parent objects -- resulting in a range of hypotheses. Among these were theories of bisexuality, castration anxieties, anal fixations, and inversion (Murphy, 1984). There is no doubt that the transactional experiences between a homosexual person and his caretakers have predisposing elements towards his later patterns of sexual adoption, sex role preference, and sex role orientation -- the distinction needs to be made between early feelings of same sex attraction and feelings of homosexual sensations. The former are usually expressed at around puberty, a fact corroborated by the present questionnaire survey. The latter are usually expressed (on recall) at approximately four to five years of age.

This may be explained within an existential framework, and leads to the special notion of homosexual IDIOSYNCRASY in respect to the ontology of homosexual development. There is

no semantic or emotional interpretation by the child during this phase. Recall descriptions given by both survey respondents and the writer's clients range from: "I felt different ... I recall a bubbling sensation in my stomach when in the company of boys/men" to "I knew I was special, and felt warm towards men...especially my father". This period, too has been associated with extraordinary behaviour, such as cross-dressing, playing with opposite sex toys/objects, and acting-out behaviour, usually embodying fantasy and creative outbursts. This of course is the outlet for the child in telling his caretakers or significant others of his special needs. This stage is usually accompanied by a primitive and recurring fantasy. One client recalled "At the age of six, I remember boys dressed in black and white suits, similar to penguins. I remembered that they were boys!" Thus fantasy -- which includes experimentation with clothes, objects, books and intimate contact with others, is the first spontaneous clue to the onset of sexuality⁽³⁾. This phase has been described by one respondent as "exciting, cathartic and frustrating". "Frustrating" is the key word here, for it could be extended into the first experience of fear. Fear (or intimidation) is a direct response to adult or peer group ostracism. It is not the child who cannot cope with his sets of behaviours, but rather his adult and peer group world who perceive those behaviours to be out of the ordinary. Thus the child obtains feedback from an external source, not having access to his own sense of morality for it has not yet developed.

He is either punished (or, paradoxically, rewarded) for his outward manifestations of this idiosyncratic behaviour.

A major feature of this stage is that, although outward behaviours are manifest, the fantasy process usually belongs to the child. When he is reprimanded or scolded for untoward behaviour, his sense of inner worth and early experiences of unfolding identity are bruised. The child usually remembers this hurt as being objectionable, and the initial responses to negative identity feelings are stored. Furthermore, a thin membrane distinguishes sexual identity development from sexual confusion. As an example, attention is drawn to the fact that certain cultures, as well as certain traditions, promote sexual behaviours contrary to the prevailing norms. Examples include masculine names given to females, or parents desiring a daughter, and dressing their son in girl's clothing. Such parental action may or may not have a bearing on the child's ultimate sexuality, for the fantasy does not come from within the child's internal framework, but is imposed externally. In this respect, some studies have argued that cross-dressing and sexual confusion do not necessarily predispose towards homosexual identity (Ross, 1983c; Sipova and Brzek, 1983).

STAGE TWO: PUBERTY AND EARLY ADOLESCENCE (APPROXIMATELY 10 TO 15 YEARS)

IDENTITY CHALLENGE

During this stage, which is marked by the onset of puberty, (and, according to Erikson (1968), is vital for ego integrity) the inquiry process develops, whereby semantic, cognitive, and behavioural components are grafted into the fantasy repertoire. The fantasy, which incorporates antecedent images and experiences, is now accompanied by accidental or deliberate masturbation and other forms of sensate focus arousal. The fantasy and its agenda of images is more evolved, with a direction towards same-sex objects or erotica, depending on the level of sophistication of the adolescent, as well as his exposure to a "sexual object universe". The beginnings of a sense of morality emerge (a super-ego construct), including the belief that his internal and private world is wrong. Of note here is the adult world's attitude towards masturbation (as well as wet dreams). If the adolescent is chastised about masturbation, this can only compound his sense of shame, wrongfulness and guilt. The ego's exposure to codes of sexual ethics, sociobiological preparations for boy-girl behaviour, and adult heterosexual models is out of alignment.

One client, for example, who from the age of eight lived with his father and a male lover, was expelled from school

when, during a "sex guidance" lesson, he asked the teacher what was wrong with boys holding hands with boys, when she was referring to courtship patterns between adolescents. The internal reality simply does not correspond to the adolescent's external experiences (or messages). With little or no chance of his internal dialogue being validated by others, access to his fantasies and/or special behaviour from the past, as well as the thoughts that accompany his auto-erotic arousal, give rise to a sense of confusion. The sharing of these experiences, unless within the framework of so-called adolescent sex experimentation, with a significant person who can verify his fantasies as being non-destructive, is minimal. Periods of internalisation occur, corresponding to the feelings of "separateness" mentioned earlier. This sense of separateness has often been misdiagnosed by clinicians as anti-social, or as conduct disorder behaviour. The significance of this period is frequently dismissed or underestimated by society, the belief being that adolescents who indulge in same-sex behaviour are simply "going through a phase" (Colgan, 1987). This attitude is both insensitive and irreparable. It has implications for Social Work, to be outlined in Chapter 9.

Because of the prominence placed on adolescent behaviour, and the added stress of a twilight existence bridging childhood and adulthood (so brilliantly described in William Golding's *Lord of the Flies*), adolescents have to cope with demands made on them by their immediate culture as well as

their own sexual itinerary. A key feature during this period is the acknowledgement of sexual attraction. Within the homosexual ethos, this attraction is expressed through male imagery, usually fixated on the erotic zones, such as crotch, thighs, buttocks, and chest areas.

One client recalled:

When I was 15, I used to watch a grown-up man in the apartment block opposite. He would come home late at night, and I would stealthily creep onto our balcony to watch him undress in front of his window. My parents were usually asleep, and I did this for at least six months. I would then go back to bed and masturbate. Later I felt this was so wrong that I tried to punish myself each time I found myself looking at men. I can recall taking mustard mixed with salt water to make myself sick.

One does not have to extend one's imagination to understand the sense of anguish experienced by the person who related the above vignette. Of importance is the dread of one's fantasy being discovered -- and hence the fear of recurring punishment or abandonment. Most clients interviewed by the writer endorsed this fear, in particular when being exposed to men in public, such as at swimming pools, showers and urinals. Some described an inability to urinate in front of other men, and how they feared that other men would see that they were different. In particular, they experienced a basic fear of an uncontrolled erection -- thus giving their

"mystery" away. Adolescence is a period of exploratory behaviour, including a sense of sexual urgency and excitement. Most homosexuals (and this has been confirmed by major studies, as well as the present research) can pinpoint this phase as the conscious genesis of their homosexual development.

STAGE THREE: MIDDLE TO LATE ADOLESCENCE (APPROXIMATELY 16 TO 19 YEARS)⁽⁴⁾

IDENTITY EXPLORATION

This period incorporates active testing-out behaviour -- primarily within the context of bisexual exploration. A sense of doubt permeates this period, with the adolescent vacillating between his moral interpretations and his basic sexual legacy. The majority of the writer's caseload reported, in their psycho-social histories, having varied sexual contact with girls as well as with men (or boys). Both the literature in general and the data revealed in the survey suggest that age 18 is a significant period in the adolescent's sexual life. Descriptions of a meaningful encounter with a person of the same sex are often given. A few clients recalled traumatic experiences, including rape, seduction, and poor sexual responses such as secondary impotency, premature ejaculation, and "inferior" penis size.

One client, aged 22, who was raped in a Cape university residence when he was 18, has "blocked" his sexual responses towards men. He feels cerebrally homosexual but claims to experience "frigid" behaviour when

confronted by gay men. Upon exploration of his fantasy repertoire, he was able to testify that it included two persons having sexual intercourse: one male, one female. Upon further probing, the female turned out to be actually the client in disguise. His distorted self-image, coupled with his desire for anal penetration, represents passivity and lack of control. This does not correspond with his image of homosexual men, who ought always to be macho ("butch") and strong.

Thus he perceives himself as neither male nor female, and not homosexual either. His sense of "ideological" correctness has not yet embraced so-called androgyny. He is thus living a non-sexual existence coupled with intense confusion, akin to homosexual phantom behaviour or pseudo-homosexuality, expounded by Bieber (1972) and Ovesey (1955, 1969). These have jeopardised the person's acknowledgement of his feelings and have led to the beginnings of both homosexual as well as heterosexual phobias.

This stage, as reflected by traditional (orthodox) descriptions of adolescent sexuality, is governed by adolescent turmoil, rebellion, further physiological changes, and new patterns of decision making. Competition, narcissistic features, and masculine assertion form part of it. As the individual gains intellectual and emotional maturity, the fantasy, coupled with greater detail of sexuality in general, becomes specific and less free-floating. The person is in control of his daydreams and fantasies. If they correspond with nocturnal emissions as well as dreams which reflect homosexual imagery, then they serve to confirm his identity. This period, if not

reconciled, can reach a traumatic pitch, and a time of stopping the masturbation etc is known to exist. This so-called temporary moratorium is common, and a direction of opposite-sex behaviour takes place, including dating and the pursuit of overtly masculine activities, including sports such as rugby. The psychological defence of reaction formation ensues. Within the gay vernacular, this process is commonly referred to as being "in the closet" and represents the interim denial of homosexual identity.

Testing-out behaviour occurs with peripheral exposure to the gay scene (reading of certain books, exposure to media containing homosexual content) or privately within the confines of daydreams. It is not uncommon for adolescents actively to search for confirmation of their identity, and a number of clients have reported that they hitch-hiked with the purpose of receiving lifts from strange men, so as to land up in a compromised situation.

This stage is governed by one notable feature -- confusion. The confusion is not about identity per se, but rather how to express the identity needs and wants in a largely "hostile" external environment. Furthermore, the fantasies and/or experiences are flooded with sexual images (such as figures of hero-worship), which in turn are often confused with sexual desire including strong need to formulate a sexual sense of priorities.

STAGE FOUR: LATE ADOLESCENCE TO EARLY ADULthood
(APPROXIMATELY 19 TO 25 YEARS)

IDENTITY ACHIEVEMENT

With adult independence in sight, with job opportunities, and with the lessening of family ties, the person is able to embark on some form of fantasy consolidation. Interaction with homosexual objects becomes far more intent, and strategies are sought to experience or express such interaction. Fantasies, irrespective of masturbation, take on greater impetus, and the sexual object of desire is expanded into a Gestalt composite of a MAN or MEN (Isaacs, 1979a)⁽⁵⁾. The searching for inner reality and personal truth becomes formalised and, depending on the geographical and social circumstances, accidental or planned interaction with the gay sub-culture takes place. It must be remembered that in South Africa access to homosexual social institutions is usually restricted by law to adults. Such institutions also impose their own strict protocols for admission, to avoid clashing with the authorities. Thus fulfilment of expectations usually occurs in private, via the clique system, or in well-known meeting places (for example the beachfront in Cape Town).

From a psychological point of view, this stage usually determines the person's ideal projection of a fantasy image, usually referred to in clinical parlance as a "type". Types are part of the person's search for ultimate identity, and

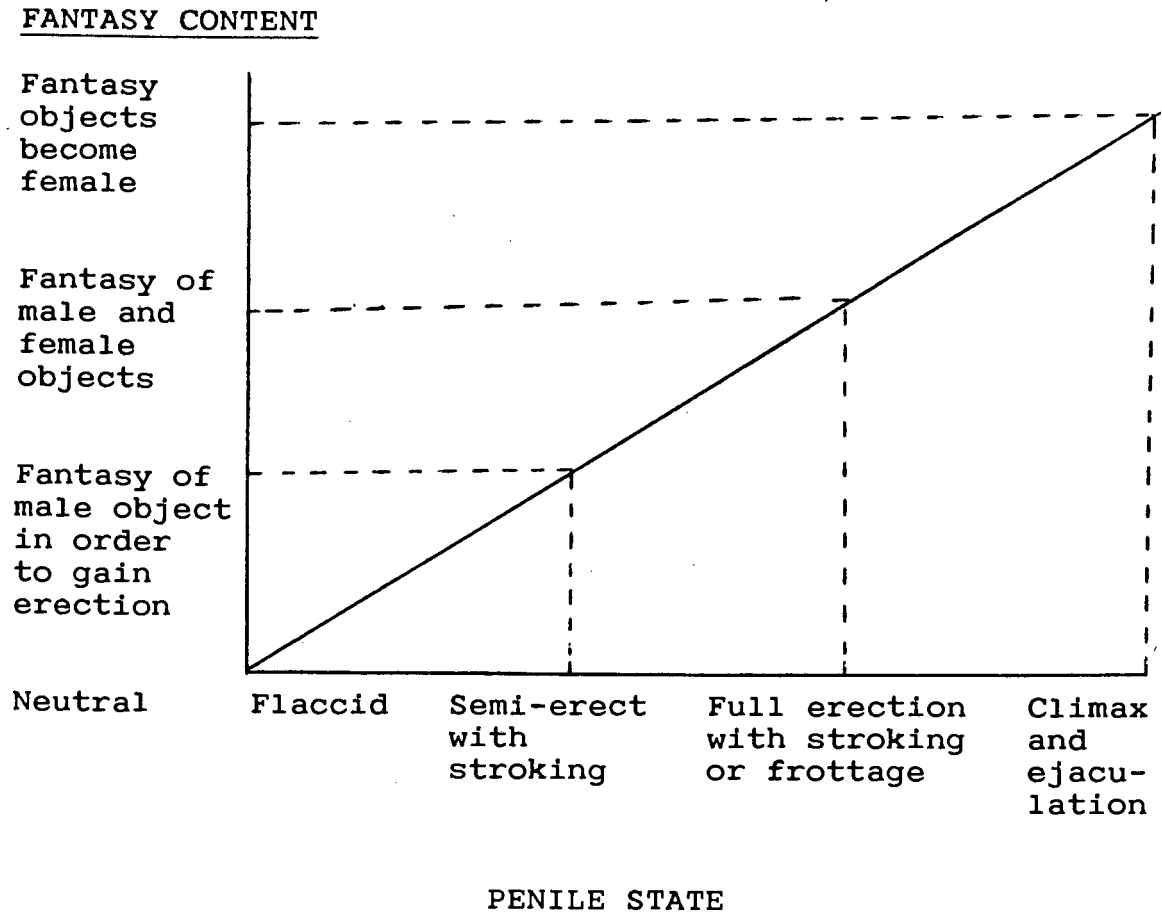
are based both on socially-determined images and on individual psychological needs, such as the need for a "father-figure". Throughout the duration of sexual interaction, with self or others, persons will reflect their desires, not only on body types or stereotypical images, but also according to their levels of narcissistic development (Friend, 1987; Gonsiorek, 1982), previous bonding experiences with significant others, as well as a desire to test out the variables of power (Foucault, 1976; Hearn and Parkin, 1987; Silverberg, 1985), intimacy and control.

In this respect intimacy serves to affirm interaction between individuals and incorporates levels of trust, with particular reference to self-disclosure, faith in dependability, and affirmation of self-esteem.

To illustrate the essential features of fantasy, incorporating power, intimacy and control, the figure hereunder depicts the MASTURBATORY-FANTASY process as it relates to homosexual identity development.

FIGURE 1

FIGURE DEPICTING THE HOMOSEXUAL FANTASY-MASTURBATORY CYCLE DURING COMING OUT



This figure deals with the cycle of fantasy associated with the phases of homosexual identity confusion during the coming-out process. Unless the penis is erect due to spontaneous but non-sexual arousal or morning or nocturnal erections, the person needs to experience tactile, auditory, or visual stimuli in order to engage the autonomic nervous system response which facilitates the flow of blood to the penis. During this confusional period, the psychic trauma

resulting from the recognition of homoerotic stimuli can precipitate any of the following:

- (a) secondary impotency
- (b) ejaculatory problems such as premature, delayed, or non-orgasmic discharge
- (c) prolonged ejaculatory delay causing penile trauma (such as abrasions or bleeding), boredom, fatigue or anxiety.

Thus, in order to gain an erection, the person needs to fantasise upon a desired but safe object. Once erection has been achieved, one or all of the following scenarios can take place:

1. Upon erection, the desired homoerotic image is replaced by a female object. During this process a vacillation of objects may occur whereby male images may intrude upon the now primary female object. Furthermore, the male object could be the person himself or a voyeuristic impression of himself observing the male-female act from a distance, thus maintaining a safe homoerotic fantasy.
2. At the height of the masturbatory act, when orgasmic sensation is near its peak, the female object consciously becomes fixated upon. During and after orgasm, the person associates this experience with heterosexuality. The initial

stage of gaining an erection by using male imagery becomes minimised or even temporarily repressed. Consequently, a form of self-regulated behaviour modification is incorporated into the person's internal fantasy system.

The above process compounds the development of the homosexual identity by:

- (a) causing a masturbatory moratorium
- (b) promoting guilt and the fear of losing self-control by abandoning oneself to homoeroticism
- (c) perpetuating identity confusion, in particular where intimacy issues are not actualised with others
- (d) associating homosexuality and homoeroticism with feelings of powerlessness in the form of weak, effeminate, and passive images.

STAGE FIVE: LATE ADOLESCENCE TO LATE ADULTHOOD (APPROXIMATELY 19 TO 65 YEARS)

IDENTITY COMMITMENT

Please note that Stages Five and Six expand the first four stages, so it is not possible to give precise age parameters for them. Stages Five and Six incorporate most of the determining factors of the previous stages, therefore the stages should not be seen as mutually exclusive. There is

overlap between them, and it is thus possible for an individual to fluctuate between one stage and another.

Stage Five is governed by a process whereby the person learns about or determines what conditions have permitted him to say "I am homosexual". Dank (1971) believes that this period includes dealing with certain issues. First, the social context of "coming out", which Hooker (1965) describes as the "gay debut" is examined. Next, cognitive changes are reflected upon. The implications of identity and self-acceptance, which Gagnon and Simon (1974) refer to as the individual's self-recognition of his identity as a homosexual within the context of exposure to the homosexual network are examined. Furthermore, a response to public and self-labelling as well as dealing with the "closet" syndrome⁽⁶⁾ in combination with the role of acquired knowledge specific to homosexual culture is apparent.

This stage captures the psychological prerequisites that determine a basic identity within the fabric of the gay sub-culture. Active searching for role models, as well as consolidating sexual expressions of intimacy, form part of the testing-out period. This phase, too, is the precursor to episodes or problems which may manifest in crisis proportions. This stage of identity acquisition is often referred to as the "coming out crisis". A period (or several periods) of identity intolerance is experienced. Webster (1977) maintains that this leads to a full-blown

identity crisis. The nature of this crisis is usually determined by a deliberate attempt to disinherit homosexual patterns because of internal conflict as well as a fear of the sub-culture.

**STAGE SIX: LATE ADOLESCENCE TO LATE ADULTHOOD
(APPROXIMATELY 19 TO 65 YEARS)**

IDENTITY CONSOLIDATION

This period reflects the consolidation of the diversity of experiences within homosexual behaviour. Attempts will be made to "couple", hence romantic relationships and a sharing of domestic alliances feature at this stage (McWhirter and Mattison, 1984). Conditions of love and emotional and sexual commitment are necessary for this stage to evolve fully. Homosexual identity is usually comfortable within this period, but this does not necessarily imply total acceptance of the self, nor of the homosexual persona. Internal re-evaluation of personal codes of behaviours, as a direct response to external factors, usually takes place. These external factors (which impinge upon growth and which determine the person's ability to evolve from a field-dependent person to a field-independent person)⁽⁷⁾ are cited below in terms of the following parameters:

Sub-Culture

Sexuality

Family System

Relationships

AIDS

Political Issues.

SUB-CULTURE

The sub-culture has a deterministic quality for homosexual identity. Individuals who interact with the culture frequently claim to be satiated by its socially and sexually incestuous activities. This is an apparent form of inverse victimisation, as the sub-culture does not have the sustaining features to maintain homosexual homeostasis.

The sub-culture is composed of ritual, or rite. Ritual is marked by three distinct phases: separation, margin, and aggregation (Turner, 1969: 80). According to Turner, during the intervening period of sub-cultural acquisition, the characteristics of "the ritual subject (the passenger) are ambiguous; he passes through a cultural realm that has few or none of the attributes of the past or coming state" (Turner, 1969: 80).

Traditionally, the sub-culture has institutionalised a diversity of homosexual behaviours, many of which substantiate or reinforce a sense of identity -- or promote a sense of identity collapse. Some of these behaviours

include sexual mores, language, dress, formalised meeting places, literature, and a sense of political ideology.

In fact the sub-culture is an osmotic force that permeates the inquiry profile of the gay "passenger". Two levels of inquiry exist. The first takes the form of direct interaction with the institutions of the sub-culture. The second concerns peripheral or clandestine involvement. Both have ramifications for identity. The first offers a direct symbiotic partnership, with the force of ritual. The second paces the individual who has not come to terms with aspects of his identity in accord with his own needs, ie it concerns the closet person or the coming-out syndrome in action.

Kenneth Read (1980), in *Other Voices*, succinctly describes the gay sub-culture in respect of its ambivalent profile for the gay person. He states:

The gay community and gay culture are patent misnomers when applied to the population at large. There are some gay communities and there is a minimal lore which is understood by a large number of homosexuals. There are, however, many more specialised lores that are not shared, and that are mutually exclusive. Paradoxically too, the constant misuse of the terms 'culture' and 'community' may be a disservice in the long run to the achievement of laudible goals, fostering the long-standing myth that homosexuals generally are members of a subversive conspiracy.

(Read, 1980: 8)

Thus, as will be shown in Chapter 4, the sub-culture has implications for identity growth, in that it both fosters self-actualisation and perpetuates self-oppression.

SEXUALITY

Sexual identity is more than simply "sex appropriate" behaviour or secure sex-role identity. It is more than just an image of the self as "masculine" or "feminine", and an acceptance or understanding about what membership in that group involves. It is also about integration of one's sexual impulses and urges into this role. It must therefore necessarily include awareness and acceptance of one's sexual orientation, and an ability to express this meaningfully with others (Isaacs, 1979a: 13).

Sexuality, therefore, is behaviour. This behaviour, so much a part of human identity, is based on gender identity constructs (Stoller, 1969). Mannerisms, attitudes, and attributes are acquired from infancy to adulthood, and are stored in the sub- and collective unconscious. This interrelationship is the individual's collective experience, and, although a base line is formed in early development, it responds to change. This has been confirmed by Malyon (1982b), who contends that homosexual self-labelling, together with simultaneous awareness of homo-erotic desires, occurs during adolescence. Because of social

disapprobation, conflict arises in parallel with the suppression of homosexual fantasies, only to surface decades later in the form of unfinished tasks. These can result in confusion in respect of four separate but interrelated variables that comprise sexual identity, ie biological sex, gender identity, social sex role, and sexual orientation.

Sexual identity is usually verified through the ongoing medium of sexual thought (internal dialogue) and the accompanying profile of behaviour expression. If behaviour outlets are denied, forbidden, or "taken away", the individual might regress. But the conflict might re-surface at any moment during his life, with a distorted and painful crisis identity. Gershman (1983), in a sensitive critique of coming out, published in the *Journal of Psychoanalysis*, reflects on this point, and relates the stress of coming out to improper completion of the process of individuation during childhood. One can extend his use of the word "improper" to the social context of behavioural control which impinges upon the child, and emerges in later years as sexual despair coupled with conflict. A case vignette from the author's practice illustrates this point:

A 35-year-old man of Greek origin had been caught by his nurse masturbating when he was seven years old. After her severe chastisement, she pointed out the ruined shell of a church which had burned down. She instilled in him the wrath of the devil, and, as the client recalled, said: "If you continue to do that naughty thing, you too will be burnt by the devil and be forever locked in flames of hell". The verbal flagellation by the nurse, who represented an object of love for the client, induced severe guilt about

masturbation. Early adult experiences with men precluded mutual masturbation, and when masturbation was the only form of sexual expression, the client experienced secondary impotency. His form of sexual comfort was through oral or anal sex only. With the advent of AIDS his recourse to his forms of sexual conduct was reduced mainly to masturbation -- which has been advocated as a 'safe' (or safer) means of sexual activity. He sought help, because his present partner insisted on mutual masturbation. His feelings of guilt recurred, together with impotence.

FAMILY SYSTEM

As Erikson says, roles "grow out of the third principle of organisation, the social. The human being at all times...is organised into groupings of geographical and historical coherence: family, class, community, nation" (Erikson, 1963: 36). One finds within the gay collective a disparity between self-acceptance and external acceptance. Many gays choose to live at some geographical distance from immediate family in order to avoid conflict about their lifestyle patterns. The writer feels strongly that the lack of family support -- including the reluctance of the person/s to discuss (but not necessarily fully to disclose) their identity issues, precludes a sense of understanding. If some other person or persons, not of the family of origin, provide unqualified support to the homosexual individual, this may inhibit or prevent him from sharing joys, discoveries, and pain with those who ostensibly ought to be even closer to him (Cramer and Roach, 1988; Hammersmith, 1987). This accounts for the symbolic family network that

gays create for themselves within their immediate sub-cultural interactions. This feature of the symbolic or alternative family structure will be discussed more fully in Chapter 8.

Lack of original family involvement distorts the person's sense of reality, induces long-standing anger and resentment, and negates a form of free expression -- a component necessary for congruent behaviour. This can be illustrated from the following case extracted from the writer's files:

A client in his late 20's entered therapy in order to resolve a five-year-old relationship dispute. Part of the historical inquiry revealed a minimal external support system. His parents, who knew he was gay, and never commented on his lifestyle, were, according to him, unavailable for support. During the entire period of his co-habitation with his lover, his parents were never invited to the house. Similarly, his lover never met his parents or interacted with them in their home. He believed that his parents would "freak out" if they saw two men living together, sharing a bed, and living like "straight" people. The client, after discussion, acknowledged that keeping his parents away not only reinforced the estranged behaviour, but fed their fantasies that homosexuality is uncomfortable, distasteful, and secretive. This issue linked dynamically with the client's own sense of personal resolve. Therapy highlighted his sense of personal discomfort, and inability to acknowledge homosexual issues which had a direct bearing on his relationship.

RELATIONSHIPS

There is no doubt that homosexual bonding within a relationship context plays an important role in gay identity. The relationship has both growth and saboteur features (McWhirter and Mattison, 1984). Although homosexual relationships have been described longitudinally, with a chronological sequence attached to the various stages, such as blending, nesting, maintaining, building, releasing, and renewing (*ibid*, 16-17), what needs to be addressed in the context of this research is the sense of URGENCY in which homosexual relationships, particularly within the sub-culture, are negotiated. There is a strong desire to emulate heterosexual behaviour. In fact this is one aspect which has been stereotypically described for years -- the passive male coupling with the active male (George and Behrendt, 1987). With the gradual dispersion of myth, this issue has revealed an extensive network and variety of relationships, ranging from traditional dyads, to open relationships, to bisexual three-somes, to community or multiple relationships, as well as those which may simply be described as libertine. However, the point is that homosexual relationships, however perceived or experienced, have the task of validating a human existence. Such relationships are laboratories for the testing of sexual preferences, a sense of the erotic, fantasy consolidation and/or experimentation, as well as the emotional-spiritual capture of love and commitment. The urgency of couple-

bonding is reflected in the need to prove a sense of completeness, in order to ameliorate the message of internal repression so often imbibed by homosexual persons. Rapid relationship negotiation, however, often results in swift and often terrifying dissolution of the relationship, followed by a rebound or re-attachment episode. Hence, unless developmental stages prior to the entering of the relationship have been successfully negotiated, the relationship might prove to be the testing ground for a collection of "unfinished business".

Relationships and the sub-culture are inextricably intertwined -- thus impacting upon identity. The sub-culture has a powerful direction for the homosexual actor. Its ethos paradoxically supports and undermines relationships within the context of sexual attraction, youthful conquest, and competition. The following extract from the writer's clinical records illustrates the sub-culture's more negative impact:

A 40 year-old man who had terminated a three-year relationship with an 18-year old youth sought solace from a gay friend. The friend's immediate response was that gay relationships don't work, and that what he (the client) needed was a "stiff drink at the bar and a good fuck" to get over the loss of his friend. The crisis, as introduced to the writer by the client, was not the loss of the relationship per se, but the attitude of the friend, which symbolically represented the code of conduct of the gay scene. The client's sense of integrity, his sense of identity, and a valid expression of mourning the loss were disallowed.

AIDS

There is no doubt that AIDS is an influencing factor on the growth of homosexual identity (Isaacs, 1987a). On the one hand, homosexuals (and others) are being forced to re-examine their priorities, relationships, and mode of sexual expression. In addition, AIDS has induced a scare or panic syndrome (Isaacs and Miller, 1985) in those who need to confirm or explore their identity through the medium of sexual intimacy. New defence mechanisms, often expressed at a conscious level, are being used by young and old alike. This is a nightmare for therapeutic clinicians -- for AIDS has blocked the avenue for talking about and dealing with intimacy (Harowski, 1987). (See Chapter 5 for details.) Because a strong element of retribution and societal blame is re-emerging, issues of sexual identity and homosexual concerns that were taken for granted are being unleashed in the clinician's consulting rooms as well as in everyday interaction between persons.

POLITICAL ISSUES

In South Africa, as in other parts of the world, specifically the Eastern Bloc, homosexuals feel a schism in their identity in that they believe they have no legal recognition. Cumulative episodes of pain are reflected in their dialogues when they compare themselves with heterosexuals, whom they believe to be "public" persons as

opposed to homosexuals, who are described as "private" or clandestine persons. This absence of a legal identity is worsened by a sense of self-oppression, a fear of blackmail, and the fear of public exposure resulting in rejection or, even worse, civil and/or criminal actions against them. What further compounds the issue is the strong move towards politicising gay issues. Gays are increasingly expected to identify with the "social activists" within their ranks. This has ramifications for identity. Those who fear public exposure at any level other than within the safe confines of the homosexual network disapprove of any form of gay activism, because of its revealing intent. Moreover there is a clash of political ideologies. There are also those persons who invest energy in political activism at the expense of their own emotional and sexual determinism. An example is found in "political" lesbians, who are feminist and often Marxist in their outward philosophies, and who adopt a lesbian profile not because they necessarily possess the ontology of lesbianism from an early direction, but because of a political statement directed towards men and the male concept of power and control. A similar division exists among gay activists, who use activism as a form of surrogate sex, and avoid dealing with their own personal sexual needs. It is of course difficult to generalise within this particular area. One also comes across gay and lesbian activists who have resolved their basic identity struggle, and who therefore have the emotional capacity to invest their energies in meaningful change.

COMMENTARY ON THE FOREGOING

The foregoing model of homosexual identity development must be interpreted with elasticity and flexibility. Each stage can be viewed as a separate entity, but the connections between them must be recognised. Furthermore, the first three stages are seen to be the pre-requisites for satisfactory assimilation of aspects of Stages Four to Six. It is not uncommon for a person who is theoretically placed in Stage Three, (for instance, a 16 year old), to be able to consolidate aspects from the range of behaviours described in each stage. Thus, heeding Cass's warnings, "homosexual identity is seen to be FLUID. An individual is seen to be in a state of continuous being. Therefore, identity can never be "what is", only "what is becoming" (Cass, 1984: 120). She also challenges the "essence" theorists, such as Berger and Luckman (1966), De Cecco (1981) and Plummer (1981a), who have on occasion described homosexuality as a fixed model, failing to recognise the process and diversity of identity.

The writer has offered a model for conceptualising homosexual identity, but an equally important profile of behaviour needs to be defined. Homosexual identity cannot be separated from behaviour (Hencken, 1984). Therefore, the concluding part of this chapter will deal specifically with a breakdown of categories of homosexual-linked behaviour

patterns. These categories must be acknowledged within the parameters of identity development.

TRANSIENT HOMOSEXUALITY

By this is meant a short period of experimentation, whereby the homosexual transaction does not fulfil the emotional and social expectations of the person. Transient homosexuality is usually experienced by some people as part of a general inquisitive inquiry into sexual behaviour, as well as by persons who believe it is avant garde to be able to admit to a homosexual experience, often within a fringe or alternative cultural context.

Transient homosexuality is also experienced by persons who are confused overall about their sense of identity, and might use the conscious and deliberate choice of experimenting with homosexuality to advance their identity.

Homosexual panic as described by Bieber (1972) and Ovesey (1969) as well as by authors investigating the areas of mental disturbance and homosexuality (Frosch, 1981; Lester, 1975; Miller, 1978), reflect on the nature of transience within the context of pseudo-homosexuality, excessive anxiety, and ego-dystonic disturbance. Miller (1978) describes persons diagnosed as mentally ill (eg schizophrenics) as rarely openly homosexual. Rather their sexual identity conflicts are more typically expressed as

homosexual fears, often projected as accusatory auditory hallucinations. He concludes his study by verifying that this type of transitory homosexuality, although repetitive in the context of the nature or the recurrence of the mental illness, is a form of hysterical behaviour, as opposed to a longer-term psychotic process (Miller, 1978: 113).

SITUATIONAL HOMOSEXUALITY

This is a conventional description, usually applying to a group (or population) of persons who are removed from society, and whose access to female companionship is denied. Common examples are prison populations, same-sex boarding schools, ships at sea, men under arms, and (in the South African context) the Draconian system of migrant labour, which entails forced compound living, where thousands of men are separated from wives, other women, and families (Dunbar Moodie, 1988). In such cases, the sex drive overrides the fantasy system. A gay ethos is not apparent. Situational homosexuality (with few exceptions) expresses itself from without the gay sub-culture. Verbal reports from clients who have been engaged in homosexual behaviour whilst incarcerated have revealed sets of heterosexual imagery, such as photographs, private fantasies, and verbal pornography (language of evocative sex) whilst engaging in anal or oral sexual activities.

Situational homosexuality has a direct link with accidental homosexuality in certain circumstances. In Cape Town during and after a series of boycotts in "coloured" and black schools⁽⁸⁾, there was a perceptible increase of male prostitution in Cape Town. Although there was an even spread of white and "coloured" men, some black youths were also walking the streets. Interviews conducted by the writer, both with persons who had engaged the services of "rent boys" (male prostitutes) as well as with ten persons who volunteered to be interviewed (four "coloured", four white and two black men) revealed the following:

- (a) all the "rent boys" denied that they were gay
- (b) all had difficulty in engaging in a sexual act, and, as they were basically impotent with their partners, they usually performed fellatio or masturbated their partner
- (c) they accepted being fondled or caressed by their partner, and on some occasions a spontaneous erection occurred (specifically if they referred to a female mental image) -- some allowed their partner, for an increased fee, to indulge in anal sex with them
- (d) all reported feeling comfortable with the opposite sex, and the white persons interviewed said they had current relationships with girlfriends
- (e) although all of the ten were "street wise", their major objective was to obtain as much money as

possible; the fees they charged ranged from R10 to R80, depending on the services required

(f) the two black boys, both under 16 years, were willing to engage in any form of sexual activity with their clients; their experiences soon rendered them familiar with some gay argot, expressions, and way of seduction, but their fantasies were in effect neutral.

NOTE: Access to the above information was facilitated by persons who had had encounters with the street boys. Interviews were conducted in a motor car, together with an "external person" present. The "rent boys" responded when confidentiality, and the fact that no further identifying details would be described, was ensured. The writer has honoured this contract.

ACCIDENTAL HOMOSEXUALITY

Accidental homosexuality may be experienced in different forms and in different degrees. Usually it is manifest under duress such as rape or coercion -- for example in a prison cell, or via clique or group pressure. Toxic abuse may lead to uninhibited sexual drives, and episodes of same-sex sexual activities are known to have occurred under states of inebriation. Seduction by sexually more experienced men of so-called "novice gays" usually takes place under conditions of excessive toxic mismanagement.

Again, accidental homosexuality may be seen as linked to situational and/or transient homosexuality.

Whereas accidental homosexual encounters may or may not lead to full-blown homosexual behaviour, in many instances it burns out if the experience loses its impact and meaning. In a majority of instances, the respondents to the research questionnaire, in answering the questions on the crisis framework, displayed an element of discomfort with the onset of their homosexuality. A few interpreted the accidental framework, such as molestation, seduction by older men, etc, as a "cause" of their homosexuality (because of the bad experience) rather than as a circumstantial event which gave rise to feelings within their idiosyncratic history of homosexual feelings and fantasies.

CHILDHOOD-ADOLESCENT HOMOSEXUALITY

Some form of same-sex experimentation often occurs in young boys as well as adolescents. For some experimenters, this is a natural sense of dealing with body space, comparison of overt sexual-gender apparatus, dealing with spontaneous arousal states, and search for male-female sets of differences. Adolescence introduces a frivolous sense of competition, and it is common for adolescents to masturbate mutually, or even "bum rush" (anal frottage or penetration) as a form of inquiry, even suggesting dominance and power conflicts. For other adolescents, who have developed a

homosexual sensation during infancy and early adolescence, this period presents a different kind of experimentation. It is fraught with anxiety as their fantasies usually correspond to the homosexual onslaught.

BISEXUALITY

Bisexual behaviour is sometimes presented as being a period of transient exploration into EITHER homosexual OR heterosexual behaviour. For some it reflects an uncertainty in sexual orientation, so that same and opposite sex behaviours are both negotiated. A telling point in determining "true" bisexual behaviour once more involves the exploration of the fantasies that accompany the sexual activities. Clients have reported more anxiety when relating to women, and have had the need to fantasise, or use pornography (which includes males) to enhance their performance with women. Bisexual behaviour may also be reflected as a cult or fringe activity. With pop stars such as Bowan, Bowie, Boy George, and Elton John confessing to bisexual activities, many persons were released from their prisons of doubt. Bisexuality may also be an ongoing form of sexual activity, and is manifested by married couples (Bozett, 1981). One client in the writer's clinical caseload believed his marriage was solidified by his bisexual activities, and young boys were brought home to be enjoyed by both his wife and himself. Finally, bisexuality may be expressed through sexual activity, through "unisex"

fashion, and symbolically. This has implications for the gay sub-culture due to the intrusion of the fringe culture (see Chapter 4).

TRANSSEXUALITY

This phenomenon may or may not be associated with homosexual behaviour. Transsexuals have been described as women trapped in men's bodies, and some authors have unfortunately linked transsexual behaviour with hermaphroditism and deviancy (see, for example, Gillis, 1986: 109). Transsexuals have a strong desire to be all female, and may or may not have the bodily type to enhance the female status. Transsexuals (like transvestites) oversubscribe to the feminine (Hellman et al, 1981), and deal with their sexuality in an almost theoretical way. They are often referred to as twilight people, for their ultimate goal is to be heterosexual, yet their sense of comfort and acceptance is within the gay framework. A confusing issue arises as to their sexual behaviour. The negotiation of sex with heterosexual ("straight") men becomes difficult, depending both on their bodily structure and on circumstances. Hence many of them resolve their sexuality within a clique of transsexuals, and become both homosexual and "pseudo-lesbian" in their sex activities. It is not uncommon to see transsexuals with gay partners or being intimate with other transsexuals. Of note is the fact that transsexuals may incorporate elements of transvestism into their behaviour profile.

TRANVESTISM

Transvestite behaviour straddles homosexual, bisexual and heterosexual behaviour. Peter Ackroyd (1979), an authority on transvestite and "drag" behaviour, defines transvestite behaviour as the:

act of cross dressing which is accompanied by fetishistic obsessions...transvestism is now considered to be primarily a sexual obsession...and has, during its long history, often been associated with sacred ritual and with the expression of social or political dissent.

(Ackroyd, 1979: 10)

Transvestite behaviour within the gay context has been incorporated into the sub-culture as part of its ethos. These transvestites (sometimes referred to as "drag queens") are homosexual. Cross dressing for them is part of a ritual obsession as well as creating an alternative sexual outlet, and "drag", for effect, on occasions. In Johannesburg, as well as in Cape Town, one discotheque in particular caters for the sub-culture of "drag", and beauty competitions are encouraged. Like their counterparts, the transsexuals, transvestites are regarded with a certain amount of disdain by homosexuals. However, because of their overt feminine characteristics, they appeal to a proportion of gay men who succumb to the soft feminine qualities they (the transvestites) project. Several homosexuals who feel trapped in the power struggle of masculine versus feminine

issues, and who have not resolved aspects of their identity, respond to the youthfulness and feminine qualities of transvestites -- in effect they are responding to a metaphor of heterosexual behaviour.

ANDROGYNY

The Greek derivation of the term is as follows: Andros (male) and Gune (woman). The literal interpretation corresponds to hermaphrodite (half man, half woman). Androgyny, in the contemporary sense, is a reflection of a form of sexual expression and identity. This has occurred chiefly through cult worship, and as a response to ideological commentary similar to Ackroyd's (1979) statement on political and social dissent. Androgynous behaviour is an obvious attempt to defy protocol, and create an image of sexuality that encompasses both male and female nuances (Singer, 1977). An often-used description of androgyny is a manifestation of asexual behaviour. This in the writer's opinion is a gross error, for asexuality does not exist. Asexual behaviour might attempt to disguise or mask or avoid sexual issues. The fact that one says one feels asexual, or dresses in a so-called neutral fashion, reflects, paradoxically, a sense of sexuality, albeit in a strangely stated way. Androgyny, although diverse in its recent manifestations (through celluloid exposure, and sub-clique activities), has direct relevance for homosexual identity and behavioural issues. Firstly, it manifests in people who

are clinically confused, and gives them time and opportunity to experience alternative responses to their identity. Androgyny invites sexual comment, but it is not quite as blatant as full "drag". Secondly, it facilitates imaginative dressing and publicly validates a person's need to express male and female components. It is now not uncommon to see men in the streets of Hillbrow, Johannesburg, wearing skirts, leather jackets, and light make-up.

Furthermore, androgyny offers opportunity to those who "drag" to tone down their female person, and reveal a more neutral image of their sexuality. Androgyny, too, has endorsed or even legitimised the concept of the third sex, an issue which is closely monitored by leftist and Marxist gays who believe that androgynous behaviour is ideologically correct, for it blurs the traditional stereotype of male dominance and female submission. In essence, androgyny is for them a new uniform of sexuality.

HETEROSEXUAL HOMOSEXUALITY (The "straight gay")

Writing on male sexuality, but with application to both sexes, Kinsey et al (1948) has cautioned about the dangers of attempting too explicit a differentiation between homo- and heterosexuals. He states:

Males do not represent two discrete populations, homosexual and heterosexual. The world is not to be divided into sheep and goats. Not all things are black

nor all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories, and tries to force facts into separate pigeon holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning sexual behaviour the sooner we shall reach a sound understanding of the realities of sex.

(Kinsey et al, 1948: 19)

Just as heterosexual panic has been used to describe distressing heterosexual thoughts and feelings within certain homosexuals, (Goldberg, 1984), so one finds an equivalent amount of homosexual expression in heterosexual persons. Although this expression is often manifest in pseudo- or anxiety states (Miller, 1978; Ovesey, 1969), heterosexual homosexuality, in the context of sexual behaviour, is a manifestation of token acceptance by the straight man of homosexual behaviour. Many straight men live out their bi- or homosexual fantasies through direct interaction with gay persons. Acceptance of the gay lifestyle, including knowledge of gay vernacular, is evident. Companionship, bordering on physical intimacy, takes place. Male "fag hags" or male "fruit flies" (counterparts to female straights who socialise with gays), are part of the extended repertoire of the diverse nature of sexuality. Although they ostensibly live their lifestyles according to heterosexual protocols, straight gays, by their symbolic interaction with members of the gay culture, emotionally experience a sense of extended sexuality that otherwise leaves a void in their existence. This form of emotional homosexuality, together with behavioural

expressions of acceptance, etc, is an important facet in the understanding of human sexuality that Kinsey et al (1948) has made so clear.

In conclusion, the discussion of identity development would not be complete without the mention of self-esteem. Self-esteem has been linked to body-satisfaction and body self-image (La Torre and Wendenburg, 1983; Prytula et al, 1979), as well as to aspects that comprise features of an integrated ego (Stricklin, 1974).

Therefore, central to each stage, and in accordance with the hierarchical provisions of identity development, is the notion that through the forms of social interaction in which they engage, the homosexual person seeks to establish and maintain a stable identity. This process is linked to patterns of self-esteem or self-image which may be defined as the "selective appraisal of the self which is influenced through interactions with the environment, the most important parts of which are the people with whom the individual comes into contact" (Finch, 1973: 20-21).

Whilst studies support that self-esteem variables in homosexuals are less likely to differ from their heterosexual counterparts (Finch, 1973; La Torre and Wendenburg, 1983), Hammersmith and Weinberg conclude that a commitment to a "deviant" [sic] identity is positively correlated with significant others' support of that

identity, and that those not fully committed (or who are in flux) have less support and a minimised or distorted image of the self (Hammersmith and Weinberg, 1973: 77). In other words positive self-esteem is related to:

- (a) a sense of commitment to one's sexual identity,
and
- (b) the absence or presence of support from
significant others which include family, friends
and peers within the sub-culture.

As stated in this chapter, virtually all homosexuals are reared in heterosexual families, heterosexual peer groups and heterosexual educational institutions. Consequently they grow up with the same stereotypes, moral judgments, and homophobic responses as most others. Therefore, stigma, according to Hammersmith, in the context of social relationships "produces a distancing between those with the stigma and those without" (Hammersmith, 1987: 176). This stigma threatens both self-esteem and one's sense of identity by denying the homosexual person any positive social and emotional support.

In this regard, self-esteem, homosexual identity, and crisis are related. Crisis is a result of the threat to certain essential attachments which all human beings must make, and the subsequent inability to cope with that threat. As will be revealed in Chapter 3, crisis may be precipitated by

state or object losses, which according to Dixon (1979) would include, inter alia, the loss or threatened loss of self-esteem, self-concept, or other ego values needed for psychic equilibrium.

In this regard, especially in the context of homosexual identity and self-esteem, the loss event is important, as well as the loss process -- the chain of events, set in motion by, and subsequent to the loss (Kreuger, 1983: 583), which includes a lack of clarity of self-definition, a sense of who one is, as well as cherishing one's self-definition (Mehr, 1983: 179).

Therefore, self-esteem is inextricably linked to the development of a homosexual identity and may be influenced by:

- (a) tripartite experiences of development
- (b) feelings of rage/anger towards the self as a result of dual experiences
- (c) feelings of ambivalence towards the gay community for creating double-bind situations
- (d) feelings of internalised stigma and homophobia
- (e) feelings of uncertainty and/or hostility pertaining to the legal position of homosexuals in South Africa.

In sum, identity development is therefore an ongoing process which begins in the early formative years, and continues throughout adulthood. This process involves key stages of growth and the recognition of one's sexual identity, the timing and achievement of which may vary with each individual.

For the convenience of the reader, the salient features of the main stages of homosexual identity development, including self-esteem, are summarised in Table 2.

The process of homosexual identity development is a series of transitions which entail the loss of conditioned identity and the gain of the new self. This rite de passage is thus frequently accompanied by states of crisis and may necessitate some form of crisis intervention, the focus of the following chapter.

TABLE 2

TABLE DEPICTING THE STAGES OF HOMOSEXUAL IDENTITY DEVELOPMENT

STAGE	DESCRIPTION +AGE SPREAD	FANTASIES	SEXUAL BEHAVIOUR	REALITY BASE	SELF-ESTEEM/ CONGRUENCY
ONE	IDENTITY DIFFUSION 0 - 9	primitive	spontaneous play	internal only	latent but undeveloped
TWO	IDENTITY CHALLENGE 10 - 15	evolving due to puberty	experi- mental, auto-erotic	internal- external dichotomy, diffuse boundaries	confused and non-manifest
THREE	IDENTITY EXPLORATION 16 - 19	ambi- valent	testing out, bi- sexual phase	indirect or direct exposure to sub- culture	anxiety, turmoil, self-esteem jeopardised
FOUR	IDENTITY ACHIEVEMENT 19 - 25	homo- sexual focus, idealised	exploratory searching behaviour	partici- pates in coming out crisis	chaotic, fluctuating with socially narcissistic components
FIVE	IDENTITY COMMITMENT 19 - 65	homo- sexual object(s) homo- erotic bias	searching + co-habiting	partici- pates in sub- culture	self- acceptance
SIX	IDENTITY CONSOLIDA- TION- 19 - 65	owner- ship of fantasies	bonding, confirmed + secure	life- style synthesis	self- actualised

NOTE: 1. Stages 3 to 6 are not necessarily in age-linear progression.

2. Stages 5 and 6 are dependent upon levels of commitment to the identity as well as significant support from others.

NOTES

1. The reader is referred to Erikson's eight stages of identity development. For a complete description see Erikson, Erik H: **Childhood and Society** (Second Edition), Chapter 7, "Eight Stages of Man". New York: W W Norton, 1963.
2. The writer does not wish to delve into Jungian Psychology, but believes the concept "Animus-Anima" warrants some explanation. The male-female gender according to Jung has an archetypal component (Eros and Logos) -- the masculine and feminine principle which governs psychological functioning. Jung's ideas suggested that masculine and feminine elements are united in our human nature, primarily at an unconscious level, whereby a man can live in the feminine part of himself, and a woman in her masculine part. It is Singer (1977), writing in the context of bisexuality and androgyny, who points to the conscious recognition of the masculine and feminine potential in every individual.

(See Samuels, Andrew: **Jung and the Post-Jungians**. London: Routledge and Kegan Paul, 1985: 212-218.)
3. For full details on fantasy, and its relevance for Social Work intervention, please refer to Chapter 9 of this study.
4. The age 19 years has been chosen as a specific cut-off point as it corresponds to the legal age for sexual consent between males (in private) in South Africa. This note must be read in conjunction with the Statutory regulations governing homosexual behaviour described in Chapter 6 of this research.
5. See Isaacs, G M: **Working with the Male Homosexual Client: Some Major Theoretical Assumptions**. Part 1 of Unpublished Master's Dissertation, (Social Work), University of Cape Town, 1979, 24-28.
6. Refers to a person who has or is known to have homosexual tendencies but has not acknowledged them.

7. Details of the notion of "field dependent" and "field independent" persons are located in the following sources:

- (i) Rotter, J B: **Social Learning and Clinical Psychology.** Englewood Cliffs, New Jersey: Prentice-Hall, 1954.
- (ii) Rotter, J B: "Generalised Expectancies for Internal Versus External Control of Reinforcement", **Psychological Monographs: General and Applied**, 80 (1), 1966: 1-28.

In the homosexual context, a "field dependent" person would rely chiefly upon the gay sub-culture for sustenance, while a "field independent" person has developed the capacity to choose: he interacts with the sub-culture on his own terms and at the same time finds fulfilment in the wider culture.

8. See Introduction, note no 6, as well as: Bundy, Colin: "Street Sociology and Pavement Politics: Aspects of Youth and Student Resistance in Cape Town", 1985, **Journal of Southern African Studies**, 13 (3), April 1987: 303-330.

CHAPTER 3

CRISIS INTERVENTION THEORY, AND ITS RELEVANCE TO THE GROWTH OF HOMOSEXUAL IDENTITY

ANTECEDENTS TO CRISIS THEORY

Sigmund Freud, it is said, demonstrated and applied "the principle of causality as it relates to psychic determinism" (Bellak and Small, 1965: 6). Acts of human behaviour have as their cause or source the history and experience of the individual. Freud believed that the foundation of acceptable human behaviour rests on the successful negotiation of the individual's historical legacy -- based primarily on the learning experiences developed during infancy and early childhood. Ford and Urban remind us that the historical journey from infancy to adulthood is highly influenced by RESIDUES (Vilfredo Pareto's term) of past experiences that have developed during the early years, primarily to reduce biological tensions (Ford and Urban, 1963: 117). This suggests, according to Freud, that causality is operative whether or not the individual is aware of the reason for the behaviour. Although criticisms of Freudian theory abound they have undoubtedly formed the basis for further reflection and inquiry into human behaviour.

The Ego Theorists, such as Cumming and Cumming (1964), Erikson (1956), and Habermas (1979), although complementing Freudian posits, conclude that Freud neglected the direct study of normal or healthy behaviour. The seminal difference between the ego protagonists and applied Freudian theory is that the former concur that the ego, the accepted basis for dealing with reality, may function and develop from conflictive, as well as conflict-free, situations. The ego has the ability as an "autonomous" entity to facilitate the individual's adaptation to the environment. In Freud's later, albeit polemical, work on religion, (*The Future of an Illusion*, 1922), he was able to turn his attention from psychic determinism to the difficulties experienced by individuals in direct relationship to the demands made upon them by civilization (Murphy, 1984: 65). Psycho-analysis, as originally envisaged by Freud, is the approach that attempts to re-instate the individual's psychic properties based on the assumption that causal connections operate on an unconscious level. Interpretation, dream analysis, assigning of meaning to symbols, hypnosis, and regression of the person's psychic manifesto to a significant period in infant-early childhood development are some of the properties of psycho-analytic procedure. When however, in *The Future of an Illusion*, (as cited by Murphy, *ibid*) Freud directs his attention to conflicts that are induced in the individual by demands made on him by "civilization", he retains the view that such conflicts are remediable by psycho-analysis, and appears not to realize that there is an

element of contradiction in what he says because "civilization" can hardly be said to be influenced by the process of psycho-analysis.

It was Caplan, in conjunction with Lindemann in 1946, who established the concept of community mental health, which in turn led to the development of crisis intervention techniques. Caplan, in opposition to Freudian theory, believed that all facets that comprise the total emotional milieu of the person must be assessed. He states: "... the material, physical and social demands of reality, as well as the needs, instincts and impulses of the individual, must all be considered as important behavioural determinants" (in: Aguilera and Messick, 1978: 6). It is within Caplan's psycho-social framework, as related to mental health, that CRISIS is examined. Caplan (1961) formulated the desirable prerequisites for mental stability. He regards the ego state, its stage of maturity, and the quality of its structure as basic to mental health. The assessment and nature of the ego state is, according to Caplan, determined by the following:

The capacity of the person to withstand stress and anxiety and to maintain ego equilibrium; the degree of reality recognised and faced in solving problems; and the repertoire of effective coping mechanisms employable by the person in maintaining a balance in his bio-psychosocial field.

(Caplan, 1961: 34-37)

The tracing of crisis as a recorded socio-emotional phenomenon antecedes the work of Caplan and his associates. Crisis (as well as crisis intervention) emerged formally as a result of two factors: firstly, human responses to the disasters of war, and, secondly, as a result of natural disasters (Parad, 1965). The experience of an external crisis was perceived as emotional chaos, leading to a loss of functioning within the context of the crisis situation. Caldwell, (1967), Caplan, (1961), and Golan and Vashitz, (1974), writing with reference to military crises, draw attention to the following cluster of observable symptoms which identify some of the emotional prerequisites for the understanding of crisis. They are as follows:

- (a) battle fatigue, leading to loss of function
- (b) depression, bordering on melancholia
- (c) passive-aggressive behaviour
- (d) loss of bodily control, resulting in hysterical conversion, often due to panic and fear
- (e) loss of security and familiar geographical surroundings, including fear of the unknown
- (f) fear of dying, including the fear of loss of comrades
- (g) fear of loss of family and friends
- (h) fear of personality change due to the horrors of war
- (i) fear of bodily mutilation.

The responses listed above indicate "appropriate" behaviour in the face of life-threatening events. But it was observed that the end result of the crisis usually manifested in REGRESSED behaviour in respect of the persons concerned. Military psychiatry, in addressing the urgency of the crises, dealt with them in respect of the immediacy of the situation, attending to the psychic needs of the soldiers in the "here and now". It was discovered that progression (proactive behaviour), as opposed to regression (reactive behaviour) occurred and that, if there was appropriate intervention, the crisis could be turned into an opportunity for the expression of emotions, leading to growth. In combination with the above, Lindemann's initial work on bereavement was the outcome of his observations of the grief and mourning reactions of the survivors of the Coconut Grove fire disaster in a Boston nightclub in 1943. Lindemann (1944) concluded that grief was manifest on both a physiological and psychological level, and that if persons were allowed to emancipate themselves from the lost object(s) and participate in "grief work", whereby they "debonded" from the deceased person, then they would be in a position to renegotiate future relationships without contamination from the lost situation.

Lindemann's observations, in conjunction with Caplan's, led to the formation of the Harvard School of Public Health. The outcome of Caplan's activities in the field of crisis research led to the thesis that a crisis does not belong to

the traditional medical model of disease and illness. It is an acute situational disorder, which may occur in healthy persons and, according to Golan:

may be superimposed on longer-term chronic conditions ... intervention in such cases is confined to the alleviation of the acute situation without attempting to change the basic personality or to deal with the underlying pathology.

(Golan, 1978: 27)

CRISIS THEORY

Crisis theory recognises that crises manifest as identifiable sets of emotional and behavioural responses, the responses occurring chiefly as a result of an external hazard or danger to the person's current status. Perhaps no-one in the field of crisis and crisis intervention has surveyed the area as methodically and practically as Naomi Golan. In her book, *Treatment in Crisis Situations* (1978), she has systematically unfolded the theoretical and historical assumptions underlying the crisis phenomenon. Germain and Gitterman (1980) describe her model as an encompassing ecological approach. History, case study material, responses of human scientists, personality theorists, and applied crisis technology have been described by her. Despite Brammer's (1985) criticism that crisis literature prior to 1975 is scarce, Golan has been able to extricate the relevance of research and developmental issues in this particular area. A notable lacuna in her work

however is that she does not correlate crisis to the area of human sexuality, and, in particular, to that of homosexual development.

This chapter attempts just this, that is to relate, where appropriate, the concept of crisis to homosexual identity development.

It was Selye (1974) who described the CUES to understanding crisis within the framework of stress. His phrases "homeostasis" and "equilibrium", within the context of responses to stress, led him to examine the existence of alarm reactions and resistance, culminating in exhaustion. For him, adaptive and maladaptive responses, as elaborated upon by Aguilera and Messick (1978), and Lukton (1974), form the basis of understanding crisis. Caplan's (1961) description of a crisis profile is well-known and identifies the following. First, a feeling of initial tension arouses HABITUAL adaptive responses, or coping mechanisms. The tension increases with continuous external stimulation, but tension reduction, by utilising familiar coping strategies, is likely to occur. However, if the tension is not reduced, an acute phase follows. This acute phase may then be interpreted as crisis. Thus Caplan's definition of crisis reads as follows: "A crisis occurs when a person faces an obstacle to important life goals that is, for a time, insurmountable through the utilisation of his customary methods of problem solving" (Caplan, 1961: 18).

For the purposes of this study, the writer presents his definition of crisis, influenced by Caplan's.

A crisis is a period (usually short or medium term) of psychosocial disequilibrium in which a traumatic, hazardous or dangerous experience or event confronts an individual, couple, family, group, or community. This trauma or hazard may either be anticipated or unanticipated. The danger or threat reduces (and in some instances paralyzes) the individual's capacity to deal with the situation by using his/her familiar repertoire of coping responses. The crisis either represents an INTERNAL response to an EXTERNAL threat, or is a manifestation of a developmental, or transformational, usually emotional, process inside the individual. A response to a crisis is dysfunctional if the level of tension reduction is insufficient and if the defences used to ward off the anxiety are not successful.

Although the word "crisis" is established in contemporary vocabulary, both lay and professional, and understood by people as an event or situation which gives rise to fear, panic, and discomfort, its subtle interpretation rests on the delicate differentiation between individual and generic responses (Jacobson et al, 1968). By individual is meant the existential framework in which the problem-crisis-anxiety triad is dealt with. By generic is meant the overall academic description given to a group of behaviours experienced by people in general. These would include the following:

1. Role crises
2. Transitional crises
3. Developmental crises

4. Accidental crises
5. Situational crises.

Crises, thus, can be experienced both individually and collectively. However, the generic response focuses on the characteristic course of the crisis rather than on the psychodynamics of each individual in crisis. Robertson (1986) conceptualises this difference by referring to the "idiosyncratic nature of crisis". Essentially, she suggests that each person remains unique to circumstances that threaten his peace of mind. It is possible that, within a group of people involved in the same situation, some will exhibit a crisis reaction, whilst others continue to function adequately (Robertson, 1986: 27).

The upsurge of social scientific interest in the generic responses to crisis has been extensively documented. Crisis expressions, including suicide, family disorganisation, psychiatric emergencies, rural to urban transitions (or vice versa), divorce, adolescence, ego stage transitions, physical illness, infirmity brought on by old age, death and dying, sexual dysfunction, corporate stress, etc, have been covered by many volumes and in a specific academic journal⁽¹⁾ devoted to the crisis phenomenon (Aguilera and Messick, 1978; Brammer, 1985; Calhoun et al, 1976; Cohen et al, 1983; Dixon, 1979; Duggan, 1984; Erikson, 1963; Golan, 1978; Hoff, 1978; O'Hagan, 1986; Parad, 1965; Slaikau, 1984; Zimbler, 1979; Zimbler et al, 1985).

A review of the literature, and in particular the work of Golan (1978), suggests the following common threads that run through crisis theory.

There are essentially two major categories of crisis. The first is of a SITUATIONAL nature. Such crises are identifiable within a situational context, with clearly defined generic precipitant factors such as death, illness, or disaster. The second is of a MATURATIONAL or DEVELOPMENTAL nature, associated with the crisis stages encountered by the individual in the passage of life, and dependent on developmental components. Slaikeu (1984) clarifies the difference between situational and developmental crises. The former contains the helix of sudden onset, unexpectedness, emergency quality and danger. The latter includes a series of transitions characterized by the acquisition of certain tasks within the life cycle of the person. Furthermore, developmental transitions of adulthood are noted to be qualitatively different from those of childhood and adolescence (Slaikeu, 1984: 36). Crisis arises in the developmental phase when the accomplishment of a task associated with the progress of the life cycle (Erikson, 1963) is disrupted, thwarted or made difficult.

Having made this distinction, the writer emphasises that the homosexual developmental profile may contain aspects of both developmental (transformational) and situational crises. In

this instance, coming out is a clear example. In addition to having to relinquish adolescent responses in favour of acquiring adult responsibility and status, the homosexual person experiences a build-up of responses to external stimuli, which pertain to his self-concept, his sexuality and fantasies, and to his interpretation of the external world's perceptions of him. This occurs mainly within the boundaries of his state of homosexual being.

Every crisis involves loss, and may indeed be defined by the loss it brings about (Brammer, 1985; Isaacs, 1979b; Schoenberg et al, 1970). Two kinds of losses were identified by Isaacs and Zimbler (1984), and are described below:

- (a) Object losses: These relate to the loss of material objects or of persons. Included in this category would be divorce or death, or loss of job, home, or property.
- (b) State losses: These relate to the loss of a state of being or a state of mind, and include loss of self-esteem, loss of control, loss of self-image, and loss of faith or hope. State losses accompany every crisis. They are often, but not necessarily, accompanied by object losses which are not characteristic of every crisis state. (For example, the decision to commit suicide is not necessarily precipitated by any object loss.)

The full exploration, expression and incorporation of the losses, both object and state, need to be dealt with before the potentiality for growth or gain, inherent in any crisis, can be realized, and the crisis thus successfully negotiated. Both Erikson (1968) and Hirschowitz (1972) stress the positive potential of crises. They believe that, while the person in crisis may adapt to the situation, such adaptation may be either in the direction of growth (resolution) or continued impaired functioning. Hirschowitz (1972) describes explicit responses to a crisis situation that he regards as evidence of poor coping. (These are dealt with below.) Erikson (1968) however believes that the successful mastery of a crisis is essential for the eight-stage epigenetic approach to the life cycle that he describes. The responses that Hirschowitz identifies as unlikely to lead to crisis resolution are now summarized, with commentary on each, with particular reference to homosexuality.

1. Excessive denial, withdrawal, retreat, and avoidance occurs. Fantasy may overlay or merge with reality. Because crisis is often interpreted as an internal response to an external stressor, the defence profile, ranging from mature defences to narcissistic ones, becomes a habitual pattern to avoid the harsh realities of anxiety. Within the homosexual framework, as described in

Chapter 2, the denial of inner feelings is replaced by accumulated resentment and anger towards the "punishing object".

2. Dependency needs are dealt with by excessive clinging, or by counter-dependent avoidance of sources of assistance. Because of the accumulation of guilt, and the inability to maintain psycho-sexual congruence, the homosexual developmental pattern is imbued with a sense of mistrust. This sense of mistrust is often carried though to adulthood, and leads to generalised homophobia. Malyon confirms this, and from his research findings deduces that:

in particular, the empathic antipathy which distinguishes contemporary social attitudes towards homosexuality tends to bias the socialisation process and, in turn, the intrapsychic development of gay men.

(Malyon, 1982a: 59)

Homosexuals in crisis, as this study reveals, have feared intervention principally for two reasons. Firstly, they have feared that their crises, in general opinion, might be seen as a psychiatric breakdown, rather than natural response to anxiety or emergency. Secondly, they have been afraid that to acknowledge the state of crisis might indicate failure to significant others

(Salzberger-Wittenberg, 1970). This concern is linked to the next point that Hirschowitz makes.

3. Emotions are often denied or over-controlled, with eventual disruptive discharge. This is a key feature in the crisis of homosexual existence. The cumulative ingestion of emotions, part of the "closet" syndrome, may give rise to a manifested crisis response of disproportionate intensity. This is clearly illustrated in the multiproblemated dilemma experienced by an AIDS (HIV antibody positive) client interviewed by the writer:

The 28 year old male, who had been tested for the AIDS anti-body and found to be HIV sero-positive (which indicates the presence of the viral antibody) described the following cumulative crisis profile. He had made three suicide attempts, the first being at the age of ten when he recognised his homosexual orientation. Subsequently there had been disinvestment of emotional ties from his family, leading to their rejection of him, because of his homosexual involvement. A period of unemployment (of two years duration) followed, during which he resorted to labile relationships in order to satisfy his basic human need of shelter while at the same time satisfying his homosexual libido. Because of inherent dissatisfaction with his lifestyle, drinking and drugging were used to anaesthetize his sense of discomfort. Ultimately he lost his latest job because of AIDS.

This vignette demonstrates the life script of the individual with an ongoing crisis profile because of unresolved and over-controlled defences.

4. Because energy is required to avoid overt crisis, the rest - work cycle of the individual is poorly regulated. Crisis avoidance, primarily because of the stigma attached to the loss of control which is symbolically linked to crisis, is attempted. To compound the issue, constant reminders are offered to the person about the negative effects of homosexuality. In effect, coming out, which is part of identity formation of the homosexual, leads to the re-emergence of many of the intrapsychic conflicts of early childhood and primary adolescence (Malyon, 1982a: 61). Psychic manifestations of anger and despair, avoidance and denial, or overcompensatory behaviour may occur.
5. The individual cannot invoke help, or cannot [always] use it when it is offered (Hirschowitz, 1972: 9-10).

The time span for a crisis is traditionally given as from one to six weeks, (Aguilera and Messick, 1978; Isaacs, 1987a). This is the acute period of active disorganisation. If access to some form of palliative or remedial intervention is unobtainable or unobtained, then adaptation may not be achieved. Rapoport examines the interrelating features of a crisis, namely the hazard, the threat, and the inability to respond with adequate coping mechanisms. She

shows that the threat is often linked, if not actually, then symbolically, to earlier threats that have lead to vulnerability to conflict (Rapoport, 1965: 25). Rosenbaum and Beebe support this vital notion. They examine the catalytic properties of the state of crisis which they believe have the potential of resurrecting old habits as well as evoking new responses. They also warn about the evocative nature of crisis, and say one should not be seduced by the semantic interpretation of the word. Like Golan (1978) and Rapoport (1965, 1970), they extend the meaning of crisis into the arena of stress and predicament, supporting the Oxford English Dictionary's description of crisis as a "vitally important or decisive stage in the progress of anything, a turning point" (Rosenbaum and Beebe, 1975: 12).

How to determine the exact nature of the crisis has perturbed theorists and clinicians alike. Lukton, in considering crisis theory, suggests that the notion that crisis is a universal element in the human condition should perhaps be regarded as an attractive metaphor rather than as a theory that may be either substantiated or negated by empirical evidence (Lukton, 1973: 385). Kahn (1978) and Slaikau (1984) have questioned the "self-limiting nature of the crisis" by challenging the idea that the individual can never be divorced from past dynamics. Recent literature, specifically dealing with the ontology of crisis and intervention strategies, has addressed this issue (Bellak

and Faithorn, 1981; Ewing, 1978; Flisher and Isaacs, 1987; Isaacs, 1979b; Joffe, 1980; Robertson, 1986; Sifneos, 1979; Weber, 1975).

Crisis theory explicitly discards the medical model (Caplan, 1961 and 1964; Kaplan, 1968; and Slaikeu, 1984) which conceptualises maladaptions and problems in living according to an illness syndrome. In the context of examining crisis as a growth-promoting experience, it is interesting to note that the Greek translation of "crisis" literally means a decision, in contrast to the Chinese ideographic interpretation which indicates that a "crisis" is both a "danger" and an "opportunity". The use of the word "dangerous" is not surprising, since this is a concept with which people readily identify. The concept of crisis as an "opportunity" is far more alien, and illuminates perhaps the most relevant aspect of crisis theory. Robertson (1986), in examining the inherent potential for growth and change, alongside authors such as Aguilera and Messick (1968), Fisher and associates (1984), Golan (1978), O'Hagen (1986), and Zimbler (1979), endorses the fact that crises have the inherent potential to become catalysts for personal growth - in terms of increased insight and coping capacity.

The disparity in the literature in examining the concept of crisis as a theoretical construct has in effect been hampered by confusing the thematic interpretation of crisis with the possible outcomes of crisis intervention (Lukton,

1974). There is no doubt that the phenomenon of crisis, as expounded by the ego theorists, including Erikson, has been academically and clinically accepted (Malyon, 1982b). Golan (1981), in a later text, describing life transitions, pays solid tribute to this fact. There, is also no doubt at present that crisis theory is no longer in search of academic verification (Duggan, 1984; Hepworth and Larsen, 1986; Robertson, 1986; Slaikeu, 1984; Snyman, 1987). Rather, its focus is an abiding concern with the applied nature of the technological facets of intervention. The understanding of crisis is not reductionistic; rather, it attempts to address the full range of developmental conditions which can lead to pathological adaptations.

As far back as 1973, Halpern overcame the "definitional fuzziness" of understanding crisis by referring to Bloom's (1963) study. Bloom (1963) isolated the importance of being able to distinguish a precipitant in the series of events that contributed to the crisis state -- as well as being able to distinguish crisis from non-crisis as a consequence of an event (Bloom, 1963, in Halpern, 1973).

CRISIS INTERVENTION AND THE CRITICAL STAGE

Halpern, in a rigidly performed experiment, concluded that individuals in crisis would exhibit crisis-type behaviour, and would be less defensive than those who were not in crisis. Halpern's study in effect has endorsed the

operational terms devised by Caplan (1964); Lindemann (1944); and Parad (1965), and has led Golan to synthesize material into a conclusive model of crisis intervention. Golan's model, which has been expertly summarised by Robertson (1986), has been used in South Africa by a number of researchers. Writers such as Flisher (1981), Flisher and Isaacs (1987); Isaacs (1979b), Joffe (1980); Kahn, (1978), Robertson (1986), Weber (1975), and Zimbler and Barling (1975) have applied and tested Golan's principles of crisis recognition, and her model of practice, and have found them valid.

Isaacs (1979b), in using this model to identify and deal with homosexual crises in relationship to anxiety, was able to determine the efficacy of the model, both in the context of crisis identification and crisis management.

There is no doubt that a consensus of opinion is revealed in the literature as to the nature of the crisis profile. Thus, before examining Golan's model (1978) in detail, it is of importance to specify the contributing factors that give rise to a crisis state, and consequently have implications for intervention. Bartolucci and Drayer (1973), and Darbonne (1967) recognise the transition of the crisis. Lindemann (1944) identified somatic distress, sense of unreality, guilt and hostile reactions, and loss of patterns of conduct in combination with grief as elements of crisis. His observations of the expression of inadequate grief

desperation, apathy, helplessness, urgency, and a sense of discomfort, both physical and psychological. This anxiety profile can be described as the

... subjective accompaniment of the awareness of loss. Searching for a solution in respect of the lost object, be it a part of the self, a person in a relationship, or a significant other, will elicit [some of the above-mentioned] anxiety [feelings]. Searching, by its very nature, implies the loss or absence of an object, and is an essential component in anxiety.

(Isaacs, 1979b: 7-8)

Associated with the anxiety-crisis dyad is the concept of RISK, which is central to the understanding of crisis. In order to deal with the successful negotiation of the crisis onset, including the hopeful outcome of resolution, an element of risk is apparent.

Dixon (1979) believes that risk may be experienced as a result of tension and apprehension due to the subjective anticipation of danger from the unknown source. The individual consequently has to engage in "trial and error" (risk) behaviour, in order to deal with the anxiety and its dangerous components. In quoting Schachel (1959), he states:

The threat of anxiety as a potentiality can be eliminated only by the actual encounter with the dreaded situation or activity, because until we actually meet the situation we do not know whether and how we will be able to live with it, master it, or perish in it, and thus we cannot transform the unknown and new into something knowable and known. Such encounters mean leaving the embeddedness in the familiar, and going forth to an unknown meeting with the world.

(Dixon, 1979: 43)

It is thus risk which motivates the person to deal with the crisis, thereby creating the potential to convert loss into gain. The tradition of experiencing loss has a cultural value attached to it. Loss, usually associated with a tangible object or situation, is seldom afforded the opportunity of being experienced symbolically. For example, within the homosexual context, many persons are unaware of the collective loss of status they experience. The loss of heterosexual achieved and ascribed status, including societal support, is but one example. Within the "symbolic manifesto", loss is based on societal approval or disapproval. Thus men may not openly experience or exhibit mourning or grief, because it suggests "feminine" or "weak" behaviour. Loss, too, is associated with object or relationship loss experienced during infancy and childhood (Bowlby, 1970; Klein, 1959; Mahler, 1971, 1974; Scharff, 1982; and Winnicott, 1965, 1971).

Because of the actual or symbolic experiences of loss accumulated from the genetic past as well as the recent past, it is difficult to perceive that the experiencing of loss makes way for gain. Gain is initially perceived as being inaccessible, because of the immediacy and/or severity of the crisis. However, effective identification and therapeutic negotiation of the critical stage opens the way for potentiating the loss.

The notion of the critical stage, presented by Zimbler and Barling (1975), subsequently refined by Zimbler (1979), and Isaacs (1979b), and implemented by Flisher and Isaacs (1987) in a controlled evaluative study on crisis intervention, offers a further dimension to understanding crisis intervention (see Appendix 2). A clear distinction is made between the crisis moment (or experience) and the critical stage. The above authors emphasise that the processing of state and object losses that accompany any crisis, require, in addition to the classical intervention styles described by Golan and others, the refocusing of intervention strategies, which will capture the growth potential of the crisis experience. The reader will note, during the discourse of the thesis, that the crisis episodes experienced by homosexuals are exacerbated by the notion of weakness and vulnerability or the idea that homosexuality is associated with an illness syndrome, because their crisis expression is often disallowed in a hostile parent culture. In this regard, Zimbler stresses that the actual crisis moment may be seen as qualitatively different from the ensuing adjustment and reconstruction stages (reintegration) as proposed by Golan, because the emotional content of the crisis moment may have self-destructive, entropic potential (Zimbler, 1979: 144).

This shift in the focus of intervention is based on both Carkhuff's (1969) advocacy of action-orientated and facilitative direction by the intervenor, and Small's (1970)

concept of the propitious moment which focuses on the vulnerable peak of crisis. In this regard, Zimbler and Barling write:

We would suggest that the moment of crisis [propitious moment] requires a warm empathic, supportive approach from the therapist while the critical stage which follows allows for the more directive, positive strategies usually associated with crisis intervention [action-orientedness].

(Zimbler and Barling, 1965: 6)

In light of the above, intervention at the moment of crisis performs an essentially supportive function. Therefore identifying the critical stage, and applying direct and confrontative intervention strategies constitutes a reintegrative function, and cognitively assists the person in placing the crisis into a meaningful growth perspective, whilst at the same time reinforcing his self-worth and self-esteem. The critical stage looks at intervention beyond the provision of support and "holding" the client in an empathic embrace. It requires the intervenor to deal with a period of emergent directionality (Flisher and Isaacs, 1987: 41) which includes prioritising feelings, challenging responsibility through awareness, engaging growth potential, dealing with manifest anxiety, stimulating the cognitive awareness of the client, and making constructive use of contracting which ultimately promotes the termination process timeously and constructively (Isaacs, 1979b; Zimbler, 1979).

Before leading into the discussion of homosexual crisis in the broader context of Golan's model of crisis identification, the writer will illustrate critical stage constructs, using a clinical vignette extracted from his case records.

A 32-year-old white male sought help soon after he had been physically and sexually assaulted by two men [the crisis moment]. After meeting them at a gay pick-up point, he invited them home, where they attacked him, raped him and robbed him of certain possessions.

The first session facilitated the necessary catharsis, and set the stage for intervention. Rapport was established, facts pertaining to the rape were ascertained, and the state of emotional and physical discomfort was evaluated. Acute features of the rape trauma syndrome surfaced during this session, and within the framework of controlled catharsis, empathy and ventilation, the client was given permission to talk about the trauma. Upon termination of this session, a tentative contract was entered into, drawing attention to the seriousness of the event, and the possibility of the crisis being interpreted by the client as retribution for past misdemeanours [crisis holding].

The second session commenced with a resumé of the client's feelings, particularly with respect to the last session as well as to his coping strategies during the lapse between sessions. Features of guilt, embarrassment, mild depression, and sexual fantasy cessation dominated this session. In addition, he feared a recurrence of this episode, and had set about isolating himself from others. He expressed relief at being able to share this trauma with the writer; but at the same time verbalised uncertainty as to the purpose of intervention. The session closed with a summing up of the process, with the writer taking note of the client's telephone number, address and some identifying details [crisis containment].

The third session moved towards action-oriented intervention. With risk in mind, the writer confronted the assault by linking it to the client's recent past. The symbolism of cruising (picking up men for a sexual relationship) was discussed. The notion of intimacy was thus introduced early on in the therapeutic process, and was used to form the basis for contracting for ongoing sessions, once the flooding elements of the

crisis had been dealt with. A critical issue emerged from this when the client, as a response to direct probing about his feelings of being raped, indicated both a hesitant "enjoyment" of the sexual assault, and the fear of wanting to return to the scene of his initial contact -- in order to test out whether or not he would be violated again. Guilt emanating from this extraordinary desire had in effect rendered him temporarily impotent. [The risk or confronting approach combined with the facilitative components of support, constituted the identification of the critical stage].

The symbolic link actually triggered off the client's unfinished business with an ex-lover. He expressed anger and disappointment, and stated that if he and his lover were still together this might not have happened. The stage was now set for focusing the intervention on intimacy, loss and anger [engaging growth potential, and incorporation of loss]. Emerging from this was a poor set of intimate patterns between them, specifically the ex-lover's inability to respond sexually to the client. During the relationship, the client had inwardly desired his lover to be more assertive, and penetrate him. The link between rape, penetration and being regarded as a sexually desirable object only surfaced after the rape incident. Once the critical stage had been identified, the emotional repertoire of the client was placed into appropriate perspective. Contracting [therapeutic commitment] could shift away from the crisis moment and the immediate relief of symptoms [a key technique of crisis intervention] into the areas of identifying coping potential and testing out new directions -- emphasising the growth-promoting features of the crisis.

This vignette asserts the value of the risk or action-oriented approach within the crisis framework, as well as affirming the notion of hope, which is discussed later in this chapter.

In order to explore the theme of risk, the writer will illustrate crisis intervention by means of a metaphorical anecdote, with the writer's analysis of this model in parenthesis.

SCENARIO 1

- 1.1 An individual is driving a motor car alone from point A to Z. The journey entails a long period through deserted and desert-like terrain. [This is the event, or series of events that leads to a successful resolution, in this case the completion of the journey.]
- 1.2 A puncture occurs. [This is the crisis. There is a possible threat to the outcome of the journey.]
- 1.3. The person, by consulting the car manual, and using the tools at his disposal, changes the tyre, resumes his journey, and reaches his destination. [Crisis resolution has occurred through regulated and appropriate patterns of coping. The anxiety of being stuck was dealt with.]

SCENARIO 2

- 2.1 The spare tyre is discovered to be flat. The person is now alone in unfamiliar terrain, and is stranded. Experiences of despair, concern, and panic occur. [A crisis or critical event is apparent. A hazard or danger exists -- a threat to personal safety (integrity).]
- 2.2 The person cannot change the tyre. The area is deserted and nightfall approaches. [The recognised defence or coping systems are perceived to be exhausted.]

- 2.3 The person has to choose between spending the night alone in the car, or stopping a passing motorist, or making alternative plans for survival. [A RISK factor intrudes into the crisis experience. Part of the risk generates previous experiences of either adaptive or maladaptive coping as well as the risk of choice. The choice is to give in to the crisis (flat tyre) and succumb to despair and "disintegration", or recognise the danger and seek help during this critical period.]
- 2.4. The person stops a passing motorist, at the RISK of being rejected, or otherwise violated, for help. [The person has to identify the crisis to the motorist. Being vague or embarrassed about the state of the tyre might not incur the appropriate response from the passer-by. This involves a further risk factor, in that the motorist is OWNING to the state of crisis. The more embarrassing the crisis, the more difficult it is to weigh up the consequences or risk as opposed to the actual crisis event.]
- 2.5 Together they decide on a constructive approach to defuse the crisis situation. [Because the risk factor is exposed, open negotiation about the dilemma can be expedited.]
- 2.6 The journey has an anticipated ending once help has been accepted. [Crisis has been resolved.]

SCENARIO 3

- 3.1 If the motorist did not stop the passer-by, or seek help, he could "perish" in the crisis. This is the literal or metaphorical collapse of a person in crisis (eg suicide attempt). [Negative defences or the absence of coping strategies could lead to pathogenic responses. If the person has had bad experiences in past situations, the memory of which is evoked by the present predicament, (for example being stuck before, or being assaulted by a passer-by) it would be more difficult to invoke the risk response.]
- 3.2 By asking the passing motorist for help, the person has acknowledged the framework of his crisis, and is prepared to deal with it. [The VALIDITY of the problem (crisis) becomes apparent.]

SCENARIO 4

- 4.1 When the person travels again, he should check to see whether or not his spare tyre is operational. [Crisis intervention has appealed to the cognitive process, and a proactive learning experience has occurred.]
- 4.2 However, on the journey his radiator bursts, preempting another, if non-familiar, crisis. [Crisis intervention presumes that the resolution of one

crisis does not necessarily preclude the person from experiencing a similar or different crisis. But there should be less anxiety and an improved ability to cope.]

The foregoing scenarios both illustrate and deal with the necessary ingredients for understanding the crisis concept, and can be applied to assisting the homosexual person in crisis.

APPLICATION OF CRISIS INTERVENTION TO HOMOSEXUAL CRISIS

The homosexual, as described in Chapter 2, has a marginal existence. The sociologist Lee has concerned himself with examining critically the relationship between cultural marginality and crisis. He equates the marginal state with constant intergroup readjustment, personal crises, and personal mobility. Marginality is assumed as an identity when: "People ... confront a critical situation in which their customary ways of thinking, feeling, and acting fail to meet their needs as they see them ..." (Lee, 1966: 278).

Elaborating, Lee draws attention to the challenge of crisis, which he sees as an urgent and drastic event that precipitates action and reaction. He identifies "frustration and aggression" as a "collective response" to crisis. Frustration, he says, results from the blocking of goal-seeking activity which in turn stimulates aggression

(passive) which may be aimed at its source (Lee, ibid: 281, 414). Finally, in his essay on marginality and crisis, he leaves the reader with hope. Marginal existence, albeit uncomfortable and reaching critical points which Maslow (1962: 69) calls "peaking experience", has the potential for adaptation and gain (Medora and Chessser, 1980).

Whether he likes it or not, the homosexual as a marginal person will experience a crisis of identity. Although his crises will be manifest at individual or generic (or both) levels, the nature and content of his experiences will be determined by the following:

- (a) the ability to recognise the state of crisis and deal with it
- (b) the degree to which the crisis is allowed expression within the parameters of his social existence
- (c) whether or not the individual interprets the crisis state as pathological or as a normal response to a stressful situation
- (d) the extent to which crises are contaminated by a homosexual frame of reference. The homosexual who experiences the demise of a relationship will feel the composite hurt, pain, or relief. He, however, will interpret this ending as an internal homophobic issue, and will blame homosexuality as

the cause of the demise and not the process of the relationship between two persons which has come to an end.

It is of interest that nowhere, except in the context of feminist issues, in the writer's clinical and academic experience, has he come across, in the dissolution of a heterosexual relationship, parties blaming heterosexuality as the cause of the crisis.

Miller (1981) points out that the developmental crisis of "coming out" (gaining a homosexual identity) should be regarded as existentially continuous with any other identity crisis (Miller, 1981: 2), since existential needs are synonymous with the integration of a stable perception of the self. Miller, however, stresses that homosexual existence is denied such validity stating that homosexual crisis:

... is formally discontinuous with normative crises because of the non-legitimated direction of (its) aim. Its intentionality is denied expression ... [yet] crisis is the ultimate plea for a set of meanings which articulate effectively with the emergent self.

(Miller, 1981: 2)

May, Angel and Ellenberger write, within the existential

framework of self-determination and the freedom of choice, that:

Authentic existence is the modality in which a man assumes the responsibility of his own existence. In order to pass from inauthentic to authentic existence a man has to suffer the ordeal of despair and existence with its fullest implication: death, nothingness.

(May et al, 1958: 118)

The ultimate crisis resolution for the homosexual person is to differentiate between his homosexual pain and personal pain. Thus the crisis of homosexual existence must be understood from a number of perspectives:

1. the crisis is extended beyond the boundaries of traditional descriptions of the generic understanding of crisis
2. the crisis of homosexual existence is separate from recognized developmental crises
3. the experience of normative crisis, whether accompanied by pathogenic or adaptive responses, is often blurred with homosexual (or homophobic) mythologies
4. crises are often perceived as failures, rather than responses to a critical experience
5. the homosexual ethos, including the sub-culture, is in a perpetual state of flux. The strong elements of homophobia, coupled with AIDS, reflect the continuing state of crisis .

The passage (or journey) of crisis resolution confronting the average homosexual person is dependent on the ego tasks of dealing with "suppressed" material as differentiated from "repressed material". Hollis and Woods draw attention to the idea that the experience of crisis promotes the opportunity of exposing suppressed material, rather than the hidden depths of repressed behaviour (Hollis and Woods, 1981: 325). This suppressed behaviour (a logical defence against anxiety) has its roots in the following:

- (a) early fantasies of a sense of "difference"
- (b) the symbolic process of dealing with male and female internal and external objects
- (c) experimenting with the above two points in a fundamentally hostile environment
- (d) the fear of processing of the fantasy and reality on a physical or sexual level
- (e) experiencing a duality of existence -> an external heterosexual framework, and an internal frame of reference of homosexual imagery
- (f) the existential conflict around the notion of choice
- (g) responding to the cues and patterns of stereotypical behaviour associated with the gay sub-culture
- (h) dealing with the emergence of personal integrity, at the expense of loss of heterosexual values and/or support

- (i) the fear of anticipating entry into the gay sub-culture.

These psycho-social factors highlight the crisis framework which surrounds homosexual existence. These areas may be examined within the stages of crisis identification offered by Golan⁽²⁾, which are crucial both to an understanding of homosexual crisis and to clinical intervention.

An analysis of Golan's five stages, in combination with the homosexual matrix, is given below. The discussion will be conducted at both a literal and a metaphysical level. In this regard it is important to differentiate between a hazardous event and a hazardous situation, a distinction which is lacking in Golan's model. An "event" suggests a clear-cut, identifiable incident, whereas a "situation" implies a set of circumstances, or even a state of being resulting from such circumstances.

The metaphysical interpretation does not confine itself to the event only, ie to restoring the person to a state of comfortable homeostasis prior to the onset of crisis, but attempts to link the crisis to the person's past history. In this respect, the metaphysical approach incorporates both the crisis moment and the critical stage into its diagnostic and treatment repertoire. Thus, the metaphysical exploration of the hazard uncovers the legacy of homosexual sensations in the person, and extends the strategy of crisis

intervention as a form of emotional first-aid into a means of therapeutic synthesis of the unrealised self. In sum, Golan's model is employed both to address the immediate crisis of the here-and-now (Isaacs, 1979b: 28-47), and to explore unresolved developmental issues, thereby maximizing the growth potential of crisis.

THE HAZARDOUS EVENT

This is a specific event or series of stressful events that have as their origin an internal or external frame of reference. The hazardous event confronts an individual (or dyad or group or community) in a state of relative stability within his psycho-bio-social situation. The hazard, by virtue of its imminent appeal of danger or threat, evokes a definite reaction, and marks the start of a change in the ecological balance. The reaction is to the hazard, and not necessarily to the event itself (Caplan, 1964). Translated into an equation, the probability of crisis is reflected as follows:

$$P \text{ crisis} = f (\text{Hazardous event} \times \text{exposure} \times \text{vulnerability}).$$

As an external threat, the hazard may be interpreted as the homophobic response of society towards homosexuality. The subjective realisation of homo-erotic motivation is preceded by the introjection of a "miasmatic" anti-homosexual bias (Malyon, 1982a: 60). The initial threat (or hazardous

situation) with which the homosexual person has to contend is that others assume him to be heterosexual. His maleness is, in a sense, threatening to his homosexuality. Thus the individual's early experience of homeostasis has the potential for disruption, once he has to separate from his presumed heterosexuality. Internal childhood responses to the external threat are primitive, and only manifest themselves, albeit without cerebral maturity, as symbolic responses. This phase of the crisis cycle reflects in early experiences a sense of existential difference and separateness, expressed through withdrawal or puzzlement, and the unique fantasy process in operation at the time, such as cross-dressing. Kivowitz (1988), writing in the context of object relations, takes separation one step further and links it to the delicate crisis of "missing", which involves becoming reconciled to the absence or loss of a significant person, object, or state. Kivowitz emphasises the connection between loss (in the crisis sense) and regret, and emotional growth, and says that "missing, consciously experienced, is a sine qua non of good-enough self and object constancy" (Kivowitz, 1988: 261-262). If this has not occurred, unfinished business in the form of residual longing for a familiar object or state (eg mother, significant other, heterosexual status) persists. The intervenor thus has the task of creating a second chance for the client to experience missing, in order to facilitate change towards personal growth.

THE VULNERABLE STATE

This is the person's subjective response to the hazard. He may perceive or experience it:

- (a) as a threat to a sense of integrity or autonomy or instinctual needs
- (b) as a loss of a person or ability or state of being ie object or state losses
- (c) as a challenge to growth, survival, or self-expression. Threat (in association with loss) is often accompanied by anxiety, depression, anger, mourning and grief; and challenge by anxiety, fear, hope, and excitement. Ewing, on reflecting upon Caplan's (1964) descriptions of the typical course of a crisis, draws attention to the premise that, in the vulnerable stage, the individual may experience crisis in four distinct phases.

- (i) an initial rise in tension, which evokes usual problem-solving techniques. If these do not work, then
- (ii) there is a further rise in tension, with feelings of ineffectuality
- (iii) the continued rise in tension, coupled with anxiety, elicits emergency problem-solving mechanisms: either the crisis reaches a point of resolution, OR

- (iv) complicated tension ensues, with functional disorganisation occurring (Ewing, 1978: 13-14).

As the homosexual person progresses towards cognitive awareness and relative emotional maturity, the vulnerability develops as a direct response towards the meanings or experiences of the hazard. These responses might be manifest in a series of behaviours and/or defences which are used to ward off the anxiety, such as withdrawal or oversubscribing to heterosexual/familial expectations. The sense of threat, danger, loss, or challenge is sharpened during this state, and results in confusion that is extended beyond the formative years of identity attainment. This period includes the realisation that both fantasies and the attraction towards same-sex objects are the focus of the person's internal frame of reference. An exacerbating feature of this period is that the vulnerable state might be present in the individual for many years. Mann (1973) describes this extended vulnerable condition as the inability of the person to master the anxiety, which ultimately influences both his future course in life as well as his adaptive means. Mann in addition universalises this according to separation and individuation principles, and

believes that vulnerable responses are collectively based upon the following:

Independence versus dependence

Activity versus passivity

Adequate self-esteem versus diminished or loss of self-esteem

Unresolved or delayed grief (Mann, 1973: 25).

Therefore successful mastery of vulnerable feelings is ultimately dependent upon the capacity to tolerate and manage effectively both object and state losses (Atkins et al, 1976).

THE PRECIPITATING FACTOR

This is a particular event in the crisis cycle that propels the person into disequilibrium. It is of great significance to the person, and may co-incide with the hazardous event. It, too, is deemed crucial in defining the active state of crisis. The precipitant, or trigger, is an event (or a series of accumulated events) which reveal(s) the nature of the conflict, eg a sexual encounter may precipitate the crisis of "coming out".

The precipitant is usually linked to the sense of hazard, and the combination of both might give rise to a further state of confusion and/or panic. The meta response is

reflected in the following example. The hazard could represent the overall discomfort experienced with homosexuality, whilst the precipitating factor could be the person's experience with a sexual partner for the first time. If the hazard is unresolved, but the experience with sexual intimacy is good, the all-pervading sense of discomfort with homosexuality could overshadow the initial favourable experience. The precipitant thus endorses the feeling of "existential difference" which emerges at the critical stage ie the difference has now become operationalised -- fantasy exploration, searching behaviour, and physical intimacy with a person of the same sex is real. It is also imperative to point out that, if the original hazard or hazards have not been identified or placed into perspective, the precipitating factor, as identifying the current crisis state, will be contaminated with unfinished business from the past.

THE STATE OF ACTIVE CRISIS

This is an acute state of discomfort, where homeostatic mechanisms have broken down, tension has reached a peak and disequilibrium cripples the person's total functioning. Active crisis indicates that the person's functioning has reached critical proportions. Slaikeu believes that active crisis is self-limited and may be followed by a new adaptation which is qualitatively different from the one which preceded the disruption (Slaikeu, 1984: 19-21). This

can be achieved particularly in the context of the critical stage paradigm, when acceptance and incorporation of loss is realised.

However, if the crisis experiences are perceived to be non-valid within the person's internal frame of reference, the achievement of equilibrium is jeopardised, becoming suppressed material, and thereby blocking access to qualitative functional changes. The successful negotiation of the stage of active crisis is thus dependent upon four factors:

- (a) cognitive perception, where the person gains relevant insight into the situation
- (b) management of affect, where the central feelings related to the crisis are accepted and integrated,
- (c) the developing of patterns of seeking the truth pertaining to the crisis, which are, in effect rehearsals for reality
- (d) capitalisation of the critical stage to effect growth potentiation.

Within the homosexual context, active crisis usually creates the forum for identifying the areas of stress, which are easily recognised because defences are lowered. This may be reflected in egocentric areas of self-esteem (Dixon, 1979; Gershman, 1983; Teyber, 1988), a fear of acknowledging or revealing the homosexual self, as well as the anticipated

course of homosexuality. This state often incorporates strong feelings of internal ambivalence; the lost object (heterosexuality and its symbolic attachments to the parent system) is engulfed by powerful homosexual feelings.

This state also evokes the sociocentric features of blame and/or experience, such as the sub-culture, the non-functionality of homosexual relationships, parental wrath, social stigma, etc, as opposed to egocentric features which examine the internal sense of homosexual pain. In this regard Colgan's words are particularly pertinent. He says:

Clinically, it appears that developmental issues which are left unaddressed ... surface primarily under circumstances of crisis. Until the crisis emerges, men have little motivation for addressing any underlying unresolved developmental issues ... Sometimes, a sense of time passing, or the 'mid-life crisis' forms the basis for reconsidering one's intimate connections. Developmental deficits which reappear under crisis form the primary emotional threats to developing an integrated balance of identity and intimacy.

(Colgan, 1987: 114)

Furthermore, a sense of urgency is captured by the state of active crisis, the resolution of which hinges on a choice, or decision about an aspect or direction of the lifestyle (Hart, 1984: 42).

PERIOD OF REINTEGRATION

The state of active crisis dissipates. Disorganisation and tension (including anxiety) tend to subside. Reintegration

has an element of future anticipation, which is often linked to hope, resolution, and maintenance (Medora and Chesser, 1980). However, this period might re-introduce anticipatory fears as well, for instance the fear that the crisis will persist, or re-emerge, albeit in a different form. Crisis resolution, as an integral part of the period of reintegration, ought to respond to the ego- and sociocentric features that have been prioritised by the person. For the homosexual, integration normally poses some additional threat, for it carries a spectrum of imminent future hazards. Part of the threat is linked to the pattern of double messages received by the homosexual, such as the reaffirmation of his self-esteem by significant persons (including the crisis intervenor) and the subsequent (if not simultaneous) denigration of this process by others, parents, the media, rumour, and the law.

A feature of this period may be the idealisation of homosexuality by the client. Hope is increased -- for perfect relationships (often based on similar structures of heterosexual partnerships), for political and social reform, for gay rights to become institutionalised, and for a cure for AIDS to be found. More fundamentally, this phase incorporates elements of general life crises, including fear of abandonment, commitment, intimacy, loneliness, aging, and the reconciliation of past dishonesties. All of these life crises are juxtaposed with an element of homosexual blame, and can reconstitute the cycle of diminished self-esteem,

self-oppression, and internalised homophobia (Malyon, 1982a). These are the issues which must be contextually addressed during the critical stage to ensure a favourable therapeutic outcome.

Although Golan (1978) warns that the above phases are described as if separate, they are not mutually exclusive, nor are they necessarily experienced in the linear progression as described. All phases could occur simultaneously, or they could be experienced on an ad hoc basis.

Finally, the specific use of Golan's model has been demonstrated by Isaacs (1979b). Although this study deals with identified incidents of crisis described by a sample of homosexual persons in relation to one particular episode in their life which resulted in severe anxiety, Isaacs (1979b) has been able to extricate the following parameters from the 1979 research, and which bears relevance to the present study:

1. Golan's model, whether used generically to describe the meta-crisis of existence or to deal with the clinical formulations of crisis for a particular episode in the life space of a client, gives immediate access to understanding the nature of the crisis.

2. The precipitant, which aids a diagnostic effort, is the key to understanding the crisis in its totality.
3. The model, by allowing the person to experience and deal with anxiety and fantasy, specifically from a cumulative point of view, has relevance for defusing the pejorative nature of crisis that many persons express, and places it into a model of health, rather than disease.

In conclusion, crisis understanding and resolution are dependent on:

- (a) anxiety management, including risk
- (b) learned responses to previous crisis episodes, as Baldwin succinctly states:

... the severe stress, unconsciously and symbolically linked with earlier conflicts (or experiences) stirs up fears, that are, as a rule, a threat to or actual loss of someone or something essential to instinctual gratification (or survival).

(Baldwin, 1979: 31)

- (c) the ability and opportunity to express and experience the emotions related to the crisis within its contextual situation. The crisis experience thus has a proactive quality, rather than a reactive quality.

NOTES

1. The reader is referred to the journal series entitled Crisis Intervention. A National Journal for Applied Research and Development of Stress and Crisis Intervention Services. These monographs are published quarterly by the Crisis Intervention Institute, New York.
2. For full details regarding Golan's Stages in Crisis Intervention, the reader is referred to the original source: Golan, Naomi Treatment in Crisis Situations. New York: The Free Press, Macmillan Publishing Company, 1978. Furthermore, a comprehensive summary of Golan's stages is offered by Robertson, R N in her unpublished Masters study entitled: Psychiatric Admission as Crisis: Attitudes of Psychiatric Hospital Staff towards Family Members of Newly-admitted Schizophrenic Patients. A Social Work study conducted in the Eastern Cape. University of Cape Town, 1986: 28. In addition, Isaacs (1979b) has added the dimension of anxiety and critical stage analysis to the crisis moment which may be found in Part 2 of his unpublished Masters dissertation entitled: Crisis Intervention as a Form of Therapy for Persons with Homosexual Concerns: An Experimental Study. University of Cape Town, 1979: 57-58.

CHAPTER 4

THE HOMOSEXUAL SUB-CULTURE: AN EXPLORATION OF SUB-CULTURAL ISSUES AND THEIR IMPACT ON IDENTITY

PART ONE

THE HOMOSEXUAL SUB-CULTURE

All world civilisations seem to have produced homosexual sub-cultures within themselves. In Western civilisation, descriptions of ancient-historical same-sex bonding date back for centuries (Boswell, 1980). Classical Greek writings reflect homo-erotic and emotional love. Studies conducted in the East and West, including the well-known studies of Ford and Beach (1951) and Kinsey and associates (1948), have illustrated a diversity of sexual expression within the context of homosexual behaviour.

Modern gay culture, which, with special reference to South Africa, is the focus of this chapter, has its roots in the homosexual liberation movement that swept Europe during the 1960's. This movement attempted, first, to define and legitimise homosexual behaviour (which had been regarded as a travesty of heterosexual principles) and, second, to describe homosexual love in poetry and literature which gave forum to unrequited and forbidden love. The works of Burton, Carpenter, Hirschfield, Symond, Ulrich, Whitman and Wilde (in Lauritsen and Thorstad, 1974) pay tribute to unremitting attempts to promote the acceptability of

homosexuality. Western history reflects spasmodic acceptance of homosexual behaviour, dating from the Greek classical period, and including catamite rituals in temples, cosmologic interpretations of monotheism and polytheism (Hoffman, 1984), and the recognition of homosexual behaviour within the Napoleonic Code. Nevertheless, onslaughts against the very presence of homosexual behaviour were omnipresent, and are to be found today. Societal disdain has been reinforced mainly by three entrenched beliefs. The first of these is that homosexual behaviour always manifests itself in sodomy. The second is that it defies the laws of procreation. The third represents homosexuals as a subspecies of humankind, characterised by sin. Various meanings have been attributed to homosexual behaviour, and the following pointers illustrate the cultural heritage imposed upon present-day homosexuality.

1. Homosexuals are seen to be members of a "third sex", an inversion of a natural process, defying traditional male-female roles.
2. Homosexuality is thought to involve a man emulating a woman, with the trappings of cross-dressing, effete behaviour, and passive psychosexual responses.
3. Homosexual behaviour is thought to be represented in the activities of paedophile interests, embarking on the love and worship of young boys.

4. Homosexual behaviour is thought to reflect a culture of narcissism, a desire to perpetuate male beauty in a declining male body through love and worship of the young and nubile male.
5. Homosexuality is seen to be predisposed to dandy, effete, and outwardly bizarre behaviour, designed to confuse sexuality with role performance.

Many historical writings (Boswell, 1980; Katz, 1976; Weeks, 1977) have reflected homosexual traditions. The present-day homosexual sub-culture with its various adjuncts has evolved from a plethora of historical and behavioural complexities. However homosexual behaviour may have varied in its expression, and however it may have been interpreted in respect of some ideological framework, it seems always to have co-existed as a sub-culture within a parent culture. It is this feature with that is covered in the present chapter.

The historical and philosophical resumés of homosexual tradition will not be discussed here. The reader is referred to key and scholarly texts which debate the development of the gay movement⁽¹⁾. Definitions and discussions on the meaning of culture will be offered, leading to the ingredients that give rise to sub-cultural patterns of behaviour. The salient themes to emerge from this chapter, linking as it does with its predecessor in which the growth of the homosexual identity was outlined,

will explore the homosexual sub-culture within the South African context, illustrating the power of this sub-culture over the gay collective.

Perhaps the most famous definition of culture is offered by Edward B Tylor (1871). Lee (1966) cites Tylor as saying that culture is: "that complex whole which includes knowledge, belief, art, morals, law, custom and other capabilities and habits acquired by man as a member of society" (Lee, 1966: 43). The definition, being wide, poses some difficulty, for it incorporates features which disallow narrow or definitive interpretations. For some, culture represents a path or ideology, a sense of the aesthete, a heritage. For others it represents a distinction between ethnicity and religious tradition. In South Africa, for example, culture is reflected inter alia by class structure, racial heritage, religious dichotomies, historical relevance, and language.

A definition germane to this study might be formulated as follows:

Culture is a history of tradition, both accurate and romantic. It is a defined system of folklore, imagery and experience. Law, custom and social behaviour impose themselves on private and collective beliefs which ultimately affect or change the attitudes and behaviours of a diffuse community.

South(ern) Africa is a melting-pot of cultural heritage -- imposed by colonial exploits and acquired from indigenous

populations. Anglo-European tradition has mingled with an entrenched and diverse black culture to contribute to a heterogeneous society. A spirit of Nationalist culture, embodied in a minority white population -- through the powerful influence of the Executive, the Legislature and the Church, has fragmented the culture to the extent of producing cultural chaos. Blacks (comprising different ethnic tribes, religions, and languages) plus Chinese, Indian, Portuguese, Greek, German, Italian, Anglo-Saxon, Jewish, Malay, Afrikaner and other elements contribute to the cultural existence of our time. Thus cultural heritage co-exists with cultural displacement -- a recipe for individual and collective identity confusion.

Culture, society, tradition, and heritage cannot really be separated. To the social scientist, culture is not what the popular notion of art, theatre, music, literature and other elements of a refined lifestyle suggests. It goes far beyond these, and is a breathing force, with roots firmly entrenched in meaning, symbol, ritual, image, and message.

Perhaps the popular concept of culture needs to be expanded upon. The eventual spread of literacy, the power of mass communication, and a sense of exploration and travel have

created a mass public which is a prerequisite for popular culture.

Mass communications comprise the techniques by which specialised social groups employ technological services (press, radio, films etc) to disseminate symbolic content to large heterogeneous and widely dispersed audiences.

(Bigsby, 1976: 19)

The transmission of a society's heritage, its rules and state of thinking, as well as its surveillance of law and custom, becomes accessible to one generation after another. Thus culture is fluid, infectious, and ever-changing. Whatever the manifest expression of diversity, or however complex the cultural heritage and tradition, cultures have the following essential components:

- (a) They are determined by ritual, historical precedent, and recording
- (b) They are human-based
- (c) They are dependent on people's relationship with their environment
- (d) They are readily transfused from one society to another, or from one sub-group to another
- (e) Cultures, or parts of cultures, can be assimilated or rejected
- (f) Cultures perpetuate and/or re-establish the human tradition of existence, search for meaning, and successful mastery of behaviour

- (g) Cultures are essential forms of behaviour as well as interpretations of meaning, faith, and ideology.

A sub-culture is an arm or part of the wider culture. It cohabits with its parent body and survives within its own style. Centuries of recorded tradition have illustrated the sub-cultural phenomenon. Some examples are: royal households, university or college students, prisons, army training units, drug addicts, prostitutes, criminal organisations like the Mafia, and so on.

A sub-culture nearly always exists as a marginal or liminal entity -- usually separating itself from the mainstream culture because of central tenets of unacceptable or different behaviour. A sub-culture is thus a shadow of the embracing culture, perpetuating its own norms, behaviour, style and, often, its own linguistic structure (Hayes, 1981a; Henley, 1982; and Jay and Young, 1978). The following definition of sub-culture in the context of homosexuality is offered by Bronski:

A sub-culture is any group excluded from the dominant culture, either by self-definition or ostracism. The outsider status allows the development of a distinct culture based upon the very characteristics which separate the group from the mainstream. Over time, this culture creates and recreates itself -- politically and artistically -- along with, as well as in reaction to, the prevailing cultural norms. No counterculture [*sic*] can define itself independently of the dominant culture. By definition it is distinct,

yet there is always the urge, if only for survival's sake, to seek acceptance. Concurrent with this urge, the ruling culture, which perceives non-conformity as threatening, attempts to diffuse the conflict by eradicating the fringe culture, by either extinction or assimilation.

(Bronski, 1984: 7)

The core components of Bronski's definition should be examined. In effect, they offer the ingredients that help us to understand the gay sub-culture. They are:

- (a) Co-existence within a larger cultural framework
- (b) Exclusion from the wider culture's tacit policy of acceptance
- (c) A means to "capture" members by advocating themes or tenets of behavioural expression that are accommodated by the sub-culture
- (d) An expression of desire to challenge the overall culture
- (e) An ability to manifest flexible behaviour in order to gain the wider culture's approval.

Sub-cultures, countercultures, and fringe cultures, although maintaining different strategies and a sense of differing identities, seek to respond from without the mainstream culture. Bronski describes this as the "... uneasy symbiotic relationship between mainstream culture and the counterculture" (Bronski, 1984: 8). Although Bronski, referring to homosexuality, uses "counterculture" and "fringe culture" synonymously with "sub-culture", the writer

draws attention to distinctions between them, which have direct relevance for culture-identity confusion. Although counter- and fringe cultures have a legitimate function of challenging the status quo, these "cultures", in effect, are politicised because they differ from, criticise, or defy majority norms. They are not necessarily gay. Examples of fringe or countercultures include those of punks, freedom fighters, terrorists, religious groups, drag communes, and the "new wave" description of young people who regard themselves as "alternative", and who subscribe to sexual, social, and ideological values which happen to overlap with those of the gay sub-culture. This is expressed in terms of fashion, political comment and, in some cases, in sexual behaviour.

To complicate the matter even further, the gay sub-culture includes elements of the fringe, alternative, or countercultures. Examples might include the gay left, gay androgyny (which is showing a sense of display in South Africa), and groups of people who disavow the notion of "gay" or "straight" and who think of themselves as "alternative". They usually manifest this image through clothing, music, and political feminism. Plummer in quoting Clarke (1975) refers to this process as the "diffusion of style", where it loses its symbolic importance and is torn from the group from which it emerged (Plummer, 1981a: 208). Plummer hints at this sense of opposition as a crisis for

gays, in that the relevance of sub-cultural styles becomes minimised, hence detracting from a consistent identity base.

There are two key factors in the evolution of gay sub-culture. The first was the oppression of homosexuals within society, and the second was the concerted effort to produce a form of sexual iconography (Bronski, 1984: 10), whereby messages pertaining to homosexual behaviour could be transmitted, via signs and codes that allowed the like-minded to identify with one another. Although examples are given of pop groups and styles of overt sexual imagery, such as leather boys or sado-masochistic ritual, perhaps no greater symbol exists than the pink triangle which identified homosexuals suffering at the hands of the Nazis during Hitler's reign of terror. The pink triangle, alongside the Lambda sign (a Greek letter, λ) is the universal recognition of gay pride and identity.

The gay sub-culture is the womb in which the gay identity construct is fertilised. Within the stages of identity development, the sub-culture is the only means by which the individual can negotiate his identity. Thus the sub-culture is the metaphorical procreative factor that gives rise to the gay identity. Although Bronski (1984) suggests that the evolution of a homosexual identity is necessary to the development of a homosexual culture, the opposite is true as well. The gay sub-culture is highly institutionalised, (Hoffman, 1968; Plummer, 1981a; Read, 1980; Rueda, 1982),

and therefore its maintenance is dependent on gay identity acquisition and participation within its boundaries. The aggregate of identity based on homosexual sensibilities, in combination with gay identity constructs, leads to the concept of metaphorical procreation. This life-giving force imbues the individual with the following:

- * unconditional acceptance if "gay behaviour" is manifest
- * the provision of sexual expression and outlets
- * venues and meeting places
- * the provision of gay liberation forums -- tempered to the structure of the given society or country
- * dealing with gay issues, such as counselling, as well as through the promotion of gay identity via cultural campaigns
- * fostering, promoting and encouraging overt gay behaviour, as well as providing outlets for gay fringe activities such as "drag", "high camp" and theatre (Bronski, 1984).

The above reflects the positive features of the sub-culture. However, it must not be forgotten that the institutionalised mores of the sub-culture arose out of oppression. Oppression is often measured in terms of the visibility of the oppressed person. Stigma consists in the external symbols portrayed to others; it is a badge of identity which causes friction within and without the sub-culture. If

homosexuality is perceived in terms of the sub-culture, then that sub-culture will become a victim of oppression. Thus, because of circumstances to be dealt with in detail in this chapter, oppression becomes the very skin of the sub-culture and perpetuates itself from within its ranks (Isaacs, 1985).

The notion of oppression can be extended to include depressed behaviour, and the words of Littlewood and Lipsedge lead us into the debate of the double-bind effect of the sub-culture. They state: "Outsiders are always conscious of a precarious identity. When rejected they may attempt to reaffirm or rephrase their original identity -- hence 'queers' become 'gays'" (Littlewood and Lipsedge, 1982: 41). The acceptance of the "gay" label within the framework of the sub-culture does not necessarily imply self-acceptance. The result is that many gays are hesitant and reluctant about, and uncomfortable with, their association with the "gay" scene. The sub-culture may thus be described as "Urobic" -- a system feeding off a menu of oppressive behaviours, including self-oppression (Gonen, 1971; Hetrick and Martin, 1987; Hodges and Hutter, 1974). Cass (1984) likens the gay identity to that of a transparent social identity. She warns that "individuals can present an image of themselves (ie a social identity) that is at odds

with the way they perceive themselves (ie their personal identity)". She adds that:

the concept of the homosexual identity is an unavoidable part of reality, built into the cultural milieu of the present historical period as part of the psychologies of our time. It consists chiefly of 'non-sexual' areas of awareness, such as the consciousness on the part of homosexuals that they constitute a minority and that their social circles are 'gay'.

(Cass, 1984: 21)

The disparity which Cass addresses constitutes the cultural "double-bind" for gay persons. It fosters the ongoing and perpetual state of crisis in which gays find themselves in relation to the gay sub-culture.

The homosexual sub-culture fortifies its collective of persons by advocating and maintaining a sense of separateness. It provides role models, styles, outlets for sexual fantasy, and figures of hero-worship. In return, the collective endorses this enterprise and the two forces become locked in an effort to maintain equilibrium.

Two schools of thought govern this vital issue. First, there are those who believe that every attempt should be made to de-emphasise and de-sensationalise the gay mystique and break down the liminal barrier. This school believes that if gays demystify their lifestyles and challenge the autonomy of heterosexist philosophy, then gradual assimilation leading to acceptance will occur (Bronski,

1982: 13). The opposite school of thought believes that homosexuality will always represent a minority issue, to be oppressed by a patriarchal system, and that in order to survive and maintain a collective identity, a separatist and gay identity needs to be maintained (De Cecco, 1981; Harry and DeVall, 1978; Plummer, 1981a).

It is the writer's belief that neither school of thought is wrong; each has a valid position. What is disconcerting is the schism that the two approaches create. This schism essentially creates the meta-crisis of gay existence. Whilst the sub-culture endorses homosexuality, particularly as an alternative form of behaviour, it also perpetuates the sense of difference. However, it should be noted that the achievement of homosexual identity consolidation (Stage Six in the model proposed in Chapter 2) represents a life-style synthesis which implies an ability to transcend this dilemma, because the individual has gained freedom of choice.

The sub-culture itself is in a state of perpetual crisis. This crisis is the result of one fundamental issue. It has promoted, and not without reason, the issue of sexuality as the main reason for its survival -- sexuality as interpreted in primitive, instinctual drives that re-affirm the baseline fantasy system. Thus when sub-culture is extended to gay rights, political issues, non-sexual forms of behaviour, the majority of gay persons have difficulty in subscribing to

those issues which do not overtly maintain or reinforce a sexual framework. Sub-cultural alienation therefore co-exists alongside the mainstream of homosexual deliberations. This can be clearly illustrated in the theoretical framework offered for conceptualising homosexual identity. For the sake of clarity, some of the issues relevant to this debate are summed up below:

- * Homosexuals have a range of self-perceptions that relate to a homosexual identity.
- * Homosexual identity is a response to an element of control in respect of maintaining a homosexual collective in the form of a sub-culture.
- * The individual has the ultimate right to choose whether he wishes to acknowledge a gay identity, a homosexual identity, a generic human identity, or all three.

The homosexual sub-culture, as it exists today in South Africa, is as diverse and complicated as its heterosexual counterpart. The diversity of the sub-culture has led to the concept of "culture psychosis" or culture panic. The outcome manifests in homosexual antipathy towards its own network -- the gay homophobic syndrome⁽²⁾. Homosexual homophobia exists in two contexts. First, there is fear of revealing love for same-sex objects within the parameters of the larger society. This points to the closet syndrome. Fear of being exposed becomes confused with feelings of

same-gender attraction. Secondly, a love-hate relationship with the sub-culture is manifest. In this study, most clients revealed an ambivalence towards the sub-culture. The respondents as well, in their commentaries relating to the question on 60-10, (which elicited responses pertaining to their feelings about this organisation -- See Appendix 3), displayed a feeling a mistrust, not of the organisation itself, but because, as one respondent said, "it will be run by a bunch of moffies"⁽³⁾. This love-hate syndrome, indicating tremendous ambivalence, is the most powerful force contributing to a variety of crises. On the one hand the person feels a desperate need to belong. On the other, a constant purge of behaviours is evident. The following two case vignettes will clarify the love-hate issue:

1. A 30-year-old professional sought help from the writer in the early hours of the morning. He presented as confused, highly agitated, and bewildered. He had come from a night club in Cape Town where he had spent the evening in awe. This was his first visit to a club, and on the instigation of friends he had decided to visit the discotheque. His resultant state of panic reflected his fear of becoming gay, an identity which was foreign to his homosexual fantasies. He had witnessed a number of persons, young, old, female and in different phases of interaction with each other. Men were dancing, kissing, and rubbing their bodies. They were juxtaposed with individuals sitting alone or looking sad, and those who were inebriated. The scene precipitated his sense of discomfort. The precipitant (trigger) which led to his panic occurred on his departure from the club, when he bumped into a transvestite person of mature age, who was drunk, dishevelled and "falling all over the place". The cumulative effects of the stimuli which had confronted him during the course of the evening led to the ingestion of this person as his own alter ego. He flashed, as it were, on this image, and in his words, feared "that I will become like that person".

His crisis and ensuing panic state, coupled with disorientation, reflected a homosexual panic situation with an aversion to his perceptions of the gay scene.

2. A 46-year-old man was referred to the writer by a psychiatrist. On referral, the client was ostensibly suffering from "identity panic", compounded with episodes of depression and heavy "binge" drinking. The unfolding of the client's dilemma revealed a man harnessed by his aged parents' disappointment in him for not being married, coupled with a history of homosexual fantasies dating back to early childhood. He fled from his parents' grasp by leaving the country in his late teens, hoping to explore his identity in relative safety. When this did not work he returned to South Africa, and to date had not negotiated his fantasies in any form of intimate contact with others, excepting for self-masturbation whilst exposing himself to strangers from the relative safety of his motor car. He believed that his work demanded a "neutrality of expression", and he felt unable to seek out the most viable outlet for his expression -- the gay scene. As a result, he developed contingency plans, and formed friendships with young, heterosexual "coloured" boys, who responded to him as to a parent. He would capture moments spent with them, at the beach etc, and store these up as a photo-fantasy armamentary to feed his masturbatory cycle. His point of crisis emerged as a result of one of his wards getting married, of the massive exposure given to homosexuality by the press and TV in respect of AIDS, and of being confronted directly at work by a colleague who assumed he was gay.

Upon inquiry by the writer about the client's feelings on the gay scene, he responded with horror, although his peripheral knowledge of the scene appeared to be sophisticated. He read gay books, saw gay pornographic movies, and was familiar with the jargon. His reservations (perhaps fantasies) about the gay scene reflected the following: he believed the gay scene would make his homosexuality apparent, and he would then be labelled as a "moffie". He believed the gay scene would disadvantage him, for his ultimate goal was to find a companion. He felt the scene was too promiscuous. He did not want to become a "moffie", but desperately wanted to become gay.

This vignette displays vividly the impressions some people have of the gay scene. Its skewed nature is manifested in a web of unfinished business in respect of the personal identity of the client. The powerful force of "gay osmosis" through literature and other forms of searching had prevented this client from discovering his own sense of truth. His self-image (a basis for identity), together with his cerebral patterns, had remained distorted. His way of coping was to project all his fears onto the sub-culture -- and so renegotiate his anxieties in manageable doses. In other words, he tried to make his problem external to himself, ie in the sub-culture, and he was unable to accept the ultimate responsibility, until the therapeutic contact, for himself.

In order to study the reciprocal impact of sub-culture and identity, the components of the sub-culture will be examined in depth. These will be broken down into two specific categories, namely, sexual behaviour and relationships, and will specifically reflect the sub-culture in South Africa -- with emphasis on Cape Town.

SEXUAL BEHAVIOUR

For gay men, sex, that most powerful implement of attachment and arousal, is also an agent of communion, replacing an often hostile family and even shaping politics. It represents an ecstatic break with years of glances and guises, the furtive past we left behind.

(Altman, quoting Goldstein, 1986: 7)

Homosexual behaviour, social sex roles, sexual orientation, and their links to femininity and masculinity have been described with differing outcomes (Bem, 1974; Freund and Blanchard, 1984; Freud, 1977; Goode, 1981; Money, 1974, 1977; Money and Ehrhardt, 1972; Money and Tucker, 1975; Ross, 1983b; Smith, 1983; Taylor, 1983). More recent findings, encapsulated in Ross's (1983c) study, apply a stringent methodology to cross-cultural aspects of masculinity and femininity, and show that there is no relationship between femininity and homosexuality, and that masculinity is inversely related depending on the degree of sex role stereotyping and anti-homosexual attitudes of the society in which the homosexual lives. Taylor explains stereotyping, offering a description of "pictures in our head that organise our perceptions of the world" (Taylor, 1983: 37), but also reinforcing Ross's findings that stereotypical interpretations offered by the public towards homosexuals are highly correlated with conventional sex role attitudes.

Ross (1983b), in a re-evaluative article on homosexuality and social sex roles, defuses the inaccurate representation of homosexuals by inviting researchers to concentrate on the basis of homosexual attraction rather than on the sex of the partner. He isolates a pertinent phrase taken from Gagnon and Simon who note that:

We have allowed the object choice of the homosexual to dominate our imagery of him...little is known of the attitudinal and belief systems of homosexuals themselves, or of public expectations of homosexuals and their roles. Cross-culturally, the meaning of the term homosexual is not congruent, nor are the many facets of what is considered masculine or feminine. For that matter, there is some doubt even in the English-speaking scientific community whether various measures of social sex roles assess similar facets of behaviour or attitudes.

(Ross, 1983b: 5, quoting Gagnon and Simon, 1973)

Homosexual sexuality is an expression of physical love towards another person or persons. It culminates in an act of intimate responses leading to bodily (and emotional) exploration. This exploration is governed by fantasy and oral, genital, and physical sensation. The majority of homosexual sex acts culminate (either individually or with others) in heightened sensate arousal leading to complete ejaculation with orgasm (Bell and Weinberg, 1978; Jay and Allen, 1979). As Silverstein and White (1977) say in their book *The Joys of Gay Sex*⁽⁴⁾, gay sexuality must be seen as part of the continuum of human sexuality, but needs to be placed into perspective regarding the sub-culture.

Gay sexuality, as the literature has made so clear, has been mythically described according to dichotomies. These splits range from the "active" male coupling with the "passive" male, to the "butch-femme" stereotype. The image of the homosexual person, well fed by observation of gay tradition, including sensational media coverage, includes the promiscuous and transient experiences of gay sex in steambaths and toilets. Two major sets of opinions exist. One is that homosexuals (or gays) respond by emulating male and female sexual roles. The other is that homosexuals (or gays) are riddled with satyriasis. This is academically unsound. Bell and Weinberg (1978), Carrier (1977), Jay and Young (1977, 1979), Masters and Johnson (1979), McWhirter and Mattison (1984), Spada (1979), Tyson (1982), Weinberg (1978), and Whitam (1983) all point to the fact that sex role preference is an important variable in statistically-controlled studies of homosexual behaviour.

Cultural factors point to forms of idiosyncratic behaviour, as described by Carrier, who investigated homosexual behaviour among Turks and Mexicans. Mexican males have rigid inserter-insertee roles, while Turks fear stigmatisation that accompanies passive homosexuality. Carrier draws distinction between lower classes in the United States, whose sexual responses are more classically defined, and middle-class Anglo-American males, whose sex roles are not necessarily dependent on the types of sex act performed (Carrier, 1977: 53-65). Carrier's observations

are endorsed by the above-mentioned authors, who have shown that sex partner preference is based on macro-cultural influences, private experiences with early bonding processes and, more importantly, the individual's shared and organised reality within the interactive components of the sub-culture. Bell and Weinberg (1978), Masters and Johnson (1979), and Jay and Young (1979) clearly describe the diverse and non-rigid role-sex constructs, breaking the myth that all homosexual behaviour is dependent on strict social myopic stereotyping.

An interview by the author with a black male who came from a family of academics and professionals, and who was himself an attorney, revealed a total absence of role confusion. His intellectual concept of homosexuality was unacceptable to him from a traditional point of view. His emotional response was that it simply represented for him a sexual truth. He had no experience of the gay sub-culture. His sexual interactions, which he described as diverse, and which ranged from mutual masturbation and fellatio to mutual anal intercourse, were experiences out of the context of role. He still perceived of himself as male and, irrespective of his sexual activities, the traditional roles of the male in traditional black culture, in this case, transcended the individual man's choice of sexual gratification. One wonders what would happen to this person if he adopted the lore of the sub-culture?

Homosexual sexuality and the sub-culture are inextricably intertwined. Of relevance is the sub-culture's spirit of sexual indoctrination, allowing people to believe that they ought to fit into a mould, rather than determine their own sense of sexual priorities.

Sub-cultural sexuality may be divided into different strata. These include:

1. A focus on oral-genital-anal areas (hence the concept of "size queens" or penis obsession).
2. A continual searching for the ideal sexual object, often reflected in clinical terms as "nympholepsy" -- the ecstatic desire to capture the unattainable.
3. A continual exploration of the other's sexual features at the expense of personal growth.
4. A constant form of reinforcement from the sub-culture as to the concept of sexual predating (cruising, camping) as a form of validating a sexual personality.
5. Making public, within the parameters of gay meeting places, that sex and sexual encounters are valid. Hence, within the South African context, public cruising (sex-partner hunting) in areas ranging from nude beaches in Cape Town to the Botanical Gardens in Johannesburg, gives the gay person not only the opportunity to seek out sexual partners, but to manifest a "public" image as well.
6. An exploitation of the gay vernacular to incorporate sexual innuendo at both a subliminal and an overt level. The following is an example

of gay vernacular in the local sense, with a translation that follows:

"Look at that Clora. What a queen. But wada that lunch. It's a picnic basket. I'd love to pomp her up the Ada, but she looks so Dora'd. I suppose she's rent, or maybe even a Priscilla and will only give me a blow-job. My dear, I suppose I'll have to go home tonight and tilly toss-off alone. Moffies are all alike."

Translation (soliloquy to a friend): "Look at the "coloured" boy. What a passive-looking (or effeminate) person. But look at his penis (outlined in his pants). It is huge. I'd like to penetrate him, anally, but he looks too drunk. I suppose he is a male prostitute or maybe a policeman, and he will only give me oral satisfaction. Oh dear, I suppose I'll have to go home alone and masturbate. Gays are all the same."

Attention is drawn to the common feature of feminising the male pronoun with "she". This is a generic pattern of referring to all homosexuals, and not only those who are effeminate by appearance. It seems to represent a form of gay

solidarity, and is used by a wide spectrum of the gay population, who also use "gay" and "moffie" interchangeably to indicate a homosexual person.

7. Dealing with people (or relationships) as transitional objects. Therefore, part of the crisis of gay sexuality is linked to the experience of the transitional object⁽⁵⁾. This object, either a person or a relationship, receives a high priority for many gays. Because of the fixation (as previously described) of levels of sexuality, persons respond to intimacy primarily through sex. Thus a distorted pattern of intimacy emerges, for it is based on the prerequisites of sexual prowess. If perchance sexuality diminishes during the early stages of attachment, it is taken for granted that the relationship is in demise. Psycho-social and emotional aspects of intimacy are minimised. This form of "over-separation" in Colgan's terms, leads to the avoidance of affectionate behaviour and the resultant denial of emotional needs (Colgan, 1987: 102). In order to restore the sense of balance, a new sexual object is sought, either within the relationship or once the relationship has been terminated.

According to Colgan, this phenomenon involved forming and maintaining one's identity according

to the clinical features of "over attachment". These features share the characteristics of excessive needs for personal and interpersonal emotional regulation. Over-attachment also depends on others for cues which influences their behaviour choices (Colgan, 1987: 104).

It is, therefore, not uncommon, when observing gay men "camp" one another, in bars, clubs or cruising areas, to note that they might find up to 20 persons desirable, and change their object of desire as frequently as every few minutes or so. Because sexuality has as its priority a sense of re-affirmation or acceptance, sexual conquest is randomly assigned to levels of acceptance by other persons of the visible or external self.

As one client reported to the writer:

I desperately wanted sexual contact. I spent an evening at the Sea Point wall (a well-known venue for gay cruising). During the course of the evening, I made contact with seven men. However, each time, after tentatively agreeing to go home with me, they had a change of mind, and abandoned me (in their respective cars) half way home. I repeated this motion until the seventh person in the space of five hours accepted my proposals whereby we negotiated the sex act.

This vignette clearly illustrates the transitional object syndrome. In the space of five hours the

client found seven men desirable. The attachment and re-attachment of one object to another results in emotional chaos, a sense of resentment, and a reinforcement of sexuality (brief encounters) as the primary ingredient for self-actualisation.

8. Dealing with erotica, through the medium of pornography and responding to the sexual cues offered by discotheques, steambaths (there are two fully operational in Johannesburg), and public toilets in many well-known city shopping centres, as well as a multitude of transient, brief and/or clandestine sexual meetings.
9. Active searching for that which is gay. This is reflected in the "gay bible" -- **Spartacus** -- an **International Guide for Travellers**, in which South Africa is featured. It contains details of V D clinics, police activity, places offering sexual companionship (specifying "types" of people), and gives ratings for clubs, discotheques and restaurants catering for sexual types such as "leather", "S and M", "rough sex" and prostitutes. In the local context, specific cruising places -- bars, steamrooms, health spas, hotels, and clubs -- form the nucleus of the sub-culture. Most gay novices or "junior tourists" will seek out elements of this phenomenon, with the primary purpose of establishing sexual liaisons.

10. Pursuing erotic reading material, including scholarly overviews of human sexuality. This includes subscriptions to international gay publications such as *Advocate*. Although Masters and Johnson (1979) offer a detailed and highly clinical profile on male homosexual behaviour, the manual by Silverstein and White, *The Joys of Gay Sex* (1977), in conjunction with *The Gay Health Guide* by Rowan and Gillette (1978), form the most definitive and comprehensive guide to gay sexuality. Isaacs and Miller, writing about gay sexuality in the context of AIDS, offer a spectrum of homosexual practices. They warn the reader that, in South African law, many of the activities are proscribed by statute. By listing them, attention is drawn to the clinical realities, but in no way is advocacy of these practices implied (Isaacs and Miller, 1985: 327). The practices are:-

- * auto-stimulation, including masturbation, often accompanied by male erotic-sexual fantasies
- * rubbing together of the body/penis, with ejaculation and/or orgasm occurring without oral, anal, or manual stimulation

- * oral stimulation by one or both partners, one or both consequently ejaculating with orgasm, with or without ingestion of semen
- * anal penetration with or without ejaculation into the anal canal
- * use of the tongue, not only for kissing but to insert into and lubricate the anus
- * use of artificial devices, including vibrators, usually used on sensate erotic zones, including the anus
- * use of the fingers to insert into the mouth and/or anus, the latter often in preparation for anal intercourse or prostate massage, which is usually preceded by some form of lubrication with saliva, gel, cream, soap, or oil
- * other sex practices, involving three or more people, sado-masochistic ritual, cross-dressing, etc. (In some cases orgasm can be achieved with ejaculation without partner contact)
- * mutual masturbation (Isaacs and Miller, ibid: 328).

The implications of the above descriptions of sexuality within the framework of the sub-culture have a direct bearing on identity growth. Re-examining the stages of

growth offered by the writer in Chapter 2, two salient factors arise:

- (a) the false notion of promiscuity (Isaacs and Miller, 1985);
- (b) sexual exploration as an affirmation of identity.

These two points are interlocked in respect of their ultimate goal -- to achieve sexual solidarity within a homosexual-gay framework.

"Promiscuity", as defined by the Concise Oxford Dictionary (Fourth Edition, 1951), implies sexual behaviour which is unrestricted by marriage, of mixed and disorderly composition, and indiscriminate. Its synonyms of licentious or libertine behaviour suggest free thinking and a disregard of rules. In the context of sexual acting-out, homosexual or gay persons on the verge of self-discovery, need and want the diversity of experience in order to decipher and determine the validity of their homosexual fantasies. Because of the restricted nature of homosexual expression within the confines of their immediate family and community, fantasy and reality are blurred.

Hence the searching behaviour accompanied by sexual testing-out is not promiscuous per se, but an attempt to negotiate standards of identification, patterns of sexual comfort, and most important, a means of self-verification. The crisis of

exploration situates itself within the thin boundaries operating in the context of sex behaviour versus personal validation. Because of the constant emphasis on sexual interaction, the notion of identity synthesis is strongly linked to sexual prosperity. Sexual searching satisfies many psychological components of the gay person. It allows him, with time, to ascertain his own level of comfort with regard to sexual styles. These styles are based on need as well as popularity. At present, because of the AIDS scare, it is popular to masturbate reciprocally, as well as to recognise the condom as a new and real appendage to the penis.

The repetitive return to sex-searching behaviour that confronts most gay persons during their phases of identity consolidation rests on the premise of an anticipated fear. Should confirmation of their validity not be sought by constantly playing the field, as it were, the chances of slipping out of the sub-culture into obscurity are real. This is associated with the sub-culture "junkie" or "adrenalin" syndrome, and accounts for the constant need, even if the person is ensconced in a relationship, to seek out possible sexual outlets. The so-called promiscuous pattern is in effect a contingency to ward off isolation, as well as to re-affirm the person's sense of ongoing integrity.

The dilemma here is the exhausting toll on the psyche, as well as the creation within the person of a sense of disharmony; for the sub-culture paradoxically frowns on such behaviour -- which leads to the classic double-bind described earlier. As Fischer states:

Every time a homosexual denies the validity of his feelings or restrains himself from expressing them, he does a small hurt to himself. He turns his energies inward and suppresses his own vitality. The effect may be scarcely noticeable ... [but] over the years, these tiny denials have a cumulative effect.

(Fischer, 1972: 249)

RELATIONSHIP BEHAVIOUR

It must be remembered that homosexual visibility is determined by the response to the gay sub-culture (or scene). The spectrum of homosexual diversities is still not fully seen. Figures indicating the incidence of homosexuality as ranging from four to ten per cent of populations must be read with discretion (Geddes, 1954; Rueda, 1982). Although Kinsey's estimates are widely accepted and used specifically by gay activists to reap opinion, they too may have need of revision (Rueda, 1982). In South Africa, the surface of homosexual demography has hardly been scratched. Although a vibrant gay scene exists in the large centres of this country, the majority of persons interacting with the scene represent only a fraction of the population who could fit into Kinsey's (1948)

structure, or fall within the definition of homosexuality offered in this thesis.

Homosexuals are married, single, in relationships, in the closet, geographically mobile etc. The gay scene does not represent the entire population of homosexuals. Perhaps the true state of homosexual demography will always elude us. Furthermore, homosexual relationships are as diverse and longitudinally complicated as those of their heterosexual counterparts. Descriptions of relationships have been offered by Berger (1982a, 1982b), Berzon (1979), Harry and DeVall (1978), Joubert (1985), McWhirter and Mattison (1984), Ross (1983a), Tripp (1975), Troiden and Goode (1980), Weeks (1985), and Weinberg (1978). Three factors emerge, viz:

- * homosexual relationships emulate relationships of the parent culture;
- * homosexual relationships are a response to a basic human need for intimacy, companionship, and sexual expression;
- * homosexual relationships, in the majority of instances, exist in isolation from mainstream acceptance.

Within the sub-culture, homosexual or gay relationships have a special significance and structure and are highly institutionalised. Relationships are governed by titles of

"lover", "special friend", "partner", or "piece". Depending on the level of familiarity and intimacy, each relationship is accorded a specific status within the collective. A "piece" suggests a transitory relationship; a "special friend" suggests a person who is special in the context of a romantic and longer-term union. "Lover", the most common label, has connotations of romance, explicit sexuality, and short- and long-term implications. Both the collective (gay sub-culture) and the individuals concerned will respond to their relationship structure depending on the levels of assimilation, participation in, or separateness from, the gay scene. Cotton (1972) refers to this as a form of differentiation in sexual behaviour with particular regard to social activities. Lovers become adjuncts to the person's social set. After a while, if the love relationship becomes no longer legitimate, the person is either taken up into the set or expelled. This leads to the wariness, described by so many gay people, of the social and sexual incest that occurs within the parameters of the sub-culture, and which leads not only to disillusionment, but to the seeking out of new territories.

Hauser (1962) delineated five phases of homosexual relationships, ranging from sex and physical courting to passionate love alongside emotional courting, to nesting and dealing with long-term implications. Although no reference is made to Hauser's pioneering observations, McWhirter and Mattison (1984) describe identical phases, with the adage

that part of a gay relationship deals with a form of releasing.

None of the above-mentioned authors deal with the contract in the relationship, which, if honestly dealt with, adds a different dimension to the relationship. Contracting allows for sexual preferences, and for sharing of phases of identity development. No person enters a homosexual relationship knowing exactly what to do. Sexual styles differ from one person to another. Moreover, identity disparity exists in most homosexual relationships, based on previous experiences, as well as responses to personal stigma and oppression. Identity conflict is often manifest in relationships which are negotiated for reasons of "unfinished business". Contracting also allows for clarification of roles and assumptions within the relationship. For instance, it stipulates whether the relationship is to be open or closed. This feature deals specifically with the need of both persons to explore other forms of sexuality within the relationship, and whether the relationship can withstand intrusion from others (Bell, 1975).

In concluding this section of the chapter, it may be reiterated that the gay sub-culture provides a motivation for and the maintenance of a gay identity. It owes its

existence to the fact that it offers some solutions to problems of adjustment shared by a collective of individuals. Conversely, the sub-culture is not the panacea for the identity needs of some homosexuals, particularly those who for psycho-social or ideological reasons regard the sub-culture as alien.

PART TWO

THE SOUTH AFRICAN HOMOSEXUAL SUB-CULTURE WITH SPECIAL REFERENCE TO CAPE TOWN

This part of the chapter deals with the contemporary gay sub-culture in South Africa. The universe of the research was drawn from the Greater Cape Town area, so the specific features of the sub-culture as found in parts of the Western Cape will receive special attention. The author has attempted to create a mental map of the Western Cape, both geographically and socially, but the features of this map are not based upon a definitive study. They are based upon the observations of a "white, middle-class" observer, whose mind-set and sense of geographic interaction with other members of the community are limited for reasons that will be described.

The salient aspects to be described and discussed include, inter alia, the socio-political influences of apartheid on the homosexual infra-structure, the sub-cultural system as it exists in the Cape Town area (with relevant indicators of similarities that may exist throughout the country), and the influence of the sub-culture on identity issues. Finally, an appraisal of the sub-culture in respect of apparent crisis issues will be made.

National sentiment fixes Cape Town as the focal point of South African history and character. White civilisation gained its first hazardous foothold on that southern peninsula, and from there it has spread in successive waves into the great hinterland. The atmosphere and character that time alone can create can be sensed where man has established himself along the sculpturesque lower slopes of Table Mountain.

(Hanson, in Pinnock, 1986:9)

This poetic quotation contains no reference to the nature and severity of the geographical and social dislocation of the Western Cape -- for this area is not typical or representative of South Africa. It is this very dislocation of the Western Cape parent culture that has widespread ramifications for understanding the gay collective sub-culture in the region. Hebdige reminds us that landmarks (including buildings and spaces) that represent a topophile characteristic in people, are not only geographic but also biographical and personal. The "disappearance" of familiar landmarks and personal living space could presage the collapse of a whole way of life (Hebdige, 1979: 74). In order to understand the nature of the geographical structure of Greater Cape Town, the reader is referred to a map in Appendix 5, which should be studied in conjunction with the following brief.

The Cape Peninsula includes the magisterial districts of Cape Town, Bellville, Goodwood, Kuilsrivier, Simonstown, and Wynberg; the city fringe, and Stellenbosch, Strand, Somerset West, Paarl and Wellington. Greater Cape Town includes the

city fringe and embraces residential areas adjacent to the central business district as well as the Atlantic sea board from Sea Point to Camps Bay and beyond (Thomas, 1986).

The population of Greater Cape Town is made up of 52,8 per cent "coloured" and Asian persons (sometimes grouped together for demographic purposes), 30,4 per cent whites, and 16,8 per cent blacks. Thomas (1986), taking into account the different estimates and de facto adjustments of the 1985 census figures, reflects a total of 2,3 million persons in the Greater Cape Town area in 1985.

The following tables reflect the population trends in Greater Cape Town.

TABLE 3

TABLE DEPICTING TRENDS IN THE "COLOURED", WHITE, AND BLACK POPULATIONS OF GREATER CAPE TOWN

YEAR : 1985

Total population	2,311,516	x growth per annum	4,17
Coloured/Asian	1,143,031	x growth per annum	2,8
White	600,311	x growth per annum	0,94
Black	568,174	x growth per annum	12,47

SOURCE : Adapted from Thomas, 1986: 26

TABLE 4

PERCENTAGE OF THE POPULATION IN THE AGE GROUP 16 TO 64 YEARS
IN GREATER CAPE TOWN

COLOURED	WHITE	BLACK
58,8	64,9	67,0

SOURCE : Thomas, 1986: 26.

Noteworthy are the percentages of the population in the age group 16 to 64 in this area. The cut-off points represent the probable working life of the individual, the 16th year being the minimum official point of school-leaving, and the 64th year being the last before the usual of retirement age. This age-spread also represents the most crucial years corresponding to the attainment of a homosexual identity, as indicated in Chapter 2.

NOTE: these figures are quoted to portray the racial discrepancies created by statutory regulations which legally define people according to racial categories (Population Registration Act of 1950). No correspondence should be assumed by the reader between the race composition of the universe and the race composition of the wider population. Furthermore, these figures refer primarily to an urban or urbanising situation which have profound implications for homosexual development.

The conservative estimate of a gay population according to the figures offered by Kinsey and associates (1948), Bell and Weinberg (1978), and Loraine (1974) is within the region of 10 per cent in the male population at any given point of time. Alluding to culturally invariable properties of male homosexuality from the perspectives of cross-cultural research, Whitam (1983), on the basis of examining homosexual communities in the USA, Guatemala, Brazil and the Philippines, tentatively concludes that:

- (a) homosexual persons appear in all societies
- (b) the percentage of homosexuals in all societies appears to be the same and remains stable over time
- (c) homosexual sub-cultures appear in all societies, given sufficient aggregates of communities.

A map of Cape Town (see Appendix 6) depicts the extent to which buffering and satellite cluster planning was carried out, particularly in accord with the Group Areas Act (as amended). Pinnock (1986) draws attention to the degree by which the mountain suburbs have been separated from the black and "coloured" residents of the Cape Flats by a wide stretch of empty land and freeways.

The sterilisation of the inner city on a scale devised by the Group Areas Act was to lead to immense problems as to

where to house the tens of thousands of people the Act was to displace. District Six, in particular, was one of the areas to disappear. The Group Areas Board declared central Cape Town "white", and in 1964 District Six was to go. The population had to be relocated in other areas in the Western Cape (The SPP Reports, 1983). By 1970 at least 208 "new" towns for "coloureds" and Asians had been proclaimed (Pinnock, ibid: 17). Furthermore, 150 000 people defined as "coloured" were to be moved within the Peninsula alone in a period of 20 years.

Pinnock suggests that the remaking of Cape Town slotted in to the urban crises of the '40's and early '50's in order to create worker townships which would provide the minimum needs of labour. He goes on to describe the relocation of housing on a massive scale and says that "the battle for hegemony was won largely under the banner of 'law and order'. Cape Town was re-shaped and harsh restrictions were placed on the rate and conditions of urbanisation" (Pinnock, 1986: 39).

The physical schism that exists between groups of people who live in symbolic intimacy (eg work, labour, geographical neighbourhoods separated by railway lines, stretches of barren land, or a roadway) has its parallel in a psychological and social framework. The legacy of forced separation has infiltrated the homosexual sub-culture or parts of it. These parts are affected by an exaggerated

sense of separation in various populations. The divisive impact of apartheid on the homosexual collective will be examined within the context of the structure of South African society, discussed in Chapter 6.

Because of the recent influx of "coloured" and black persons to the so-called "white" areas (Woodstock, Malay Quarters, Observatory, University Estate, etc), the straddling of persons between cultures, or some form of culture fusion, is becoming apparent -- but not without consequences. A case example illustrates this particular dilemma:

A "coloured" gay man of 23, who spent his childhood with his mother, a domestic servant in the Sea Point area, trained at the University of Cape Town's Drama School. His physical appearance is "strikingly" African, while his psychological and internal frame of reference is "strikingly" European. His clipped diction, style of dress, and achievement in reaching a middle-class standard of living have combined to create a sense of internal and external alienation. He is ridiculed by his "coloured" peer group and by his family, who believe he is aspiring to "white" standards of living, which is seen to be ideologically wrong. The white gay fringe with whom he associates regard his behaviour and attitude-set as pretentious and out of place. He is thus culturally, racially, and sexually out of bounds, because of his cross-culture sense of assimilation. Thus apartheid policy has produced an effect of uncertainty in people's emotional and sexual existence -- creating a sense of culture crisis that is not often responsive to remedial intervention. This is therapeutically relevant, in that the above-mentioned client had difficulty in negotiating therapy with the writer. The willingness to seek therapy or psycho-social intervention is a culturally controlled or determined phenomenon.

Geographic separation is compounded by the economic and language categories within the population. These divisions

are in turn influenced by topography and the history of settlement of Cape Town. For instance, the southern suburbs and the flat-land luxury of Sea Point, Clifton etc are inhabited by predominantly English-speaking, upper middle-class whites, who imbibe a particular political and social flavour, ranging from moderate to liberal expressions of ideology. The northern suburbs such as Parow, Goodwood, and Bellville, extending to the Western Cape Flats, are inhabited predominantly by Afrikaans-speaking persons with their particular and differing approach to socio-political ideology. Interspersed between these two bastions of white parent culture are the vast, sprawling "coloured" areas, including Mitchells Plain, and the black townships, including Guguletu, Nyanga, and the recently-established Khayelitsha. Each area has its own sense of class structure, ranging from upper-class to squatter camp settlements.

Of vital importance to the understanding of the gay sub-culture is that the centre of the city, ie Cape Town itself, is the common meeting place for gay persons. Not only does this create difficulties in terms of racial separation, but access to places and services (eg GASA's 60-10 community centre) is difficult in terms of transport. Gay institutions like bars, clubs, discotheques, restaurants, and late-night coffee houses are all located in the Cape Town area. Much of the formal organisation of activities is nocturnal, and implications for access to such activities

are far-reaching. Residents from the "coloured" and black areas, unless they have access to cars, have to make use of train services which run very infrequently late at night, and which pose a threat to personal safety because of muggings and attacks.

A further paradox is that the "coloured" population (a set of peoples with diverse cultural heritage, especially with regard to religion -- primarily Muslim, Anglican, Dutch Reformed, and Catholic) contributed greatly to the original flavour of the gay scene in Cape Town. The local vernacular description "moffie", now a generic description of a South African homosexual, without a pejorative connotation had its origins within the "coloured" populace, specifically in the District Six area. Gay dances, drag shows and Mardi Gras, incorporating cross-dressing, were part of the Cape flavour in the 1950's and '60's⁽⁶⁾. With forced removals, the majority of "coloured" gay persons became ghettoed on the Cape Flats. A further demise in the "original gay scene" that existed during the late '50's and early '60's was the architectural alteration of the Foreshore area, including the Victorian central station. Hotels and clubs, specifically "Skyways", and "Darryls", were the meeting places for seamen, passengers from ships, local gays, and local prostitutes. The closing of the Cape route as a result of the re-emergence of the Suez Canal as a major shipping lane saw the "glorious end" of gay tourists and a vibrant local gay scene, followed by a gradual rezoning of

the Cape's gay Mecca (Helm, 1973) to the Transvaal. With the advent of "privatisation" of clubs on a membership basis (because of alcohol laws and Sunday Observance laws, as well as racial separation), clubs, discotheques, and bars became highly selective.

Meeting persons across the colour bar was limited to closed parties, clandestine living arrangements, and "cross meetings", which usually occurred in insalubrious areas like railway stations and toilets, or else involved travelling long distances to small towns and country areas. In fact one beach on the Atlantic seaboard, ironically called Bachelors' Cove, was a favourite day-time cruising area for black and "coloured" men who wished to liaise with white locals and overseas tourists. Only recently, with the changing of the immorality laws and the opening of beaches, swimming pools, restaurants, cinemas, and other such amenities to all races, have certain clubs and bars, and other gay social resources become available to all clientele. As recently as 1985, police raids on clubs and night spots were undertaken because of racially-mixed activities. Now that this has changed, more and more "coloured" and black persons are enjoying the facilities offered by gay bars and clubs -- with two sets of consequences.

Firstly, an element of racial integration is apparent, with a steady increase of cross-cultural love and sexual

relationships. Secondly, a sense of panic is being expressed by the white gay collective, who feel that black persons are "taking over", and respond by either boycotting certain clubs or ignoring "coloured"/black members. This leads to culture chaos, confusion, and anger. A compounding factor to this sub-cultural predicament is the meta-oppression experienced by white and black homosexuals alike. This is reflected in the political ideology of both the left and the right. The black and "coloured" gay persons who believe that gays are oppressed people and should stand together with a collective voice are intimidated by their parent culture or political counterparts not to join forces. White gays who have been suckled on racial prejudice maintain the status quo. They seek out "coloured" counterparts for sexual interaction, but refuse to extend this into all aspects of egalitarian living. The result of this split has been the recent emergence of a number of splinter groups which are trying to counterbalance this sense of victimisation. Groups such as the Pink Triangle, now defunct, tried to address the needs of the "coloured" gay community. The Pink Democrats, a group of male and female homosexuals, responded to the needs of racially-oppressed people within the context of Marxist philosophy and socialism. Another group, the Organisation of Lesbian and Gay Activists (OLGA), a revival group of the defunct Pink Democrats, liaises with black and "coloured" homosexuals from a more political stance. Religious groups, and groups such as the End Conscription Campaign (ECC),

identify in principle with this particular gay group. Actually, these splinter groups are protesting against the mainstream homosexual network, which has used the formal organisation of GASA basically as a service organisation catering for the specific needs of members. Such service units include counselling, gay sport (TOGS), cultural activities, religious affiliations and so on. The "alternative" splinter groups have as a primary aim to place homosexual liberation alongside people liberation. They believe organisations like GASA to be peripheral to political and social reform. This split has had some powerful momentum on the particular demise of GASA and shall be discussed more formally in Chapter 6.

GAY SOCIAL INSTITUTIONS IN CAPE TOWN

Read's work, *Other Voices. The Style of a Male Homosexual Tavern* still furnishes the most adequate account of a gay institution -- a gay tavern situated in a downtown section of a city in the Pacific North West. Read's perceptions of the gay social network are that gays share the same multiple disadvantages that characterise the homosexual sub-culture. They are:

- * common elements in the structuring of interpersonal relationships
- * cognitive and perceptual dimensions of a world view

- * lores associated with the "inside-outside" quality of stigmatised lives (see Note 9)
- * mirror symbolism of the more ritualised behaviours (Read, 1980).

Weinberg and Williams (1975) describe gay baths and the social organisation of impersonal sex. They examine the organised reality and successful territorial and interactional organisation of impersonal sex -- a particular link to Read's "inside-outside" description of the gay social network. They conclude that "deviance" and its facilitation may be better understood in terms of social organisation than disorganisation. The availability and popularity of such institutions as gay baths has rapidly diminished in the United States since the advent of AIDS; in Johannesburg, however, some baths and saunas continue to exist.

Gay social institutions in Cape Town may be demarcated into a variety of systems and sub-systems, each being interlinked by need, popularity, accessibility, and sub-cultural values. They may be classified as follows:

- * The gay bar
- * The gay club (discotheque)
- * The gay venue (restaurants, coffee bars)
- * The bookshop (a gay section thereof)
- * Gay "camping" or "cruising" spots.

At present there are two gay bars operating in the centre of Cape Town. On occasions other bars have opened, noticeably in the Sea Point area (in hotels) but have not been successfully patronised. The chief gay bar, in the centre of the city and adjacent to most of the night spots, caters only for the gay populace. During the day the bar serves pub lunches, and from 6 pm its activities revolve around the dispensing of alcoholic and soft beverages. The bar has two levels, with a pool room situated at the back. These three areas cater for three sets of particular needs. The upper section provides space for those gays who prefer not to mix with the younger, more vibrant, homosexual persons whose major aim is to be seen at a gay venue. It offers an opportunity for those persons who, inter alia, solicit for money, and an area where conversations can be carried out in cubicle chair arrangements, to a soft volume of music, with an element of privacy. A definite style of camping exists in the upper section, whereby access to cruising is less rigid. The lower section, where the music is louder, caters for persons who normally socialise in groups of two, three or larger numbers. It is a place where drinks are had before the patrons venture on to discotheques (on Wednesdays, Fridays, and Saturdays in Cape Town), and where people visit after a cinema outing etc. There is a distinct difference between the two sections, and the upper section clientele believe the inhabitants of the lower section to be "prissy". Persons on their own prefer the upper section, as

it does not carry the obligation of socialising. All three sections provide access through interleading doors, and there is a constant stream of human traffic. Seeking out potential partners or familiar faces is a pattern of bar-migratory behaviour.

In a study of public homosexual encounters, Blachford, in quoting Delph, isolates one major characteristic common to these encounters: the virtual absence of verbal utterances. He goes on to state how:

individuals learn to use the special presentations, bodily posturing, gestural cues, the manners and informal (but sanctionable) rules unique to the settings; how the distinctive meanings of space, time and manner (or self) separate the erotic worlds from the conventional ones; how public sexuality produces a metamorphosis of the individuals who partake in it, thus transforming normal selves into erotic selves.

(Blachford, quoting Delph, 1981: 190-191)

If a person is "fancied" by another, a ritual of eye contact, body gesture, and reciprocal smiles or touching of the genitalia, occurs. This is usually verified by frequent trips to the lavatory, whereby negotiations, approval or verification will be conducted at the urinal. Drinks will then be bought, and a brief "getting to know you" dialogue takes place. Thereafter plans, either immediate or future, are entered into to pursue the contact. The pool area caters not only for those who primarily enjoy the game of table billiards, but also for lesbians who wish to be seen in a "masculine" context, as well as for those gays who

"look more butch" than usual. As the pool room is adjacent to the latrine area, it reflects a cross-flow of patrons who survey the atmosphere. The gay bar is patronised on six nights a week, and on Friday or Saturday nights there can be as many as 500 customers.

The second gay bar, on the first floor of a city hotel, caters primarily for "coloured" boys, and older white men who wish to avail themselves of prostitute services, or who "like a bit of rough trade"⁽⁷⁾. Muggings and/or attacks are known to have occurred at this bar, and as a result it is not popular with many gay persons.

The gay bar as an institution is perhaps the most conventional and popular meeting place for homosexuals. It offers a safe place as well as providing access to:

- (a) partners
- (b) friendships
- (c) gay jargon
- (d) news of importance
- (e) fashion
- (f) outlets for AIDS information through pamphlet drops
- (g) testing-out of particular skills and strategies for the "novice" gay.

Until recently, bars were usually segregated according to gender and race. However, the bar in Cape Town is completely accessible to, and patronised by, a small group of lesbians and black persons. There is no doubt that the Cape Town bar is more insular than the existing bars in Johannesburg, of which there are seven running simultaneously, always full, and also catering for "alternative gays". One bar in Hillbrow draws "punk" style gays, androgynous gays, transvestites and transsexuals. The bar grapevine is notorious within the gay community, and persons will learn via friends, acquaintances, and local gay publications about the ethos of each tavern.

Gay bars have a longer life span than gay discotheques. Unless the bar is demolished for development reasons, or the premises are taken over by new landlords, existing bars continue for a considerable time. As one client mentioned: "the gay bar in Cape Town has been the most consistent homosexual sensation during my seven-year stay in this country". The population of a bar, however, is fluid. A "burn-out" syndrome often occurs when a particular individual feels either that he is too familiar with the general clientele and is therefore no longer a "new face" warranting attention, or that the atmosphere is too oppressive and verges on the "meat market" syndrome (the need and ability to sexualise persons). Such people usually leave the bar scene for months or even years, resurfacing either at the express wish of a friend, or during season

time, when the bar caters for masses of visitors, local or from abroad.

The gay discotheque, or club, is perhaps the most important venue for gay collectiveness and expression. It provides two types of psychological processes: the positional model, and the personal model. Day explains the positional model as a process of imitating a social role. It is not a personal style. The personal model is developed for the sake of testing out or developing personal attributes (Day, 1981: 158). His observations capture the basic, and often subliminal functions, of the gay club. It is a human resource that links the internal fantasies with the external reality of a variety of role models. For assimilation to occur, the individual embarks on a journey of choice and deliberation -- in order to functionalise aspects of identity. Cloning behaviour in respect of dress, style, language, and body (physical) presentation often takes precedence. A portfolio of images is stored by the person, and the club becomes the stage for testing out the sense of ritual. The commonality of the club begins to intrude upon and contribute to the personal sense of style -- displaying a powerful force on aspects of identity.

Such clubs are usually hidden away in the dark recesses of downtown areas, dismal from the exterior, and without open advertisement of the venue as gay (Schurink, 1986). South African gay clubs have had a history of being situated in

dungeon-like rooms, cellars, or on the tops of buildings -- symbolically attesting to the fact that they are separate from mainstream entertainment, as well as promoting an anonymous and clandestine way of life. This has recently changed. With the mushrooming of clubs in Johannesburg, Pretoria, Durban, and Cape Town, coupled with the relaxation of police activity (police presence is ostensibly prompted by the illegal sale of alcohol and by drug traffic, rather than by homosexual activities), such venues have become "visible" and more accessible. One Johannesburg club (now defunct), known as "After Dark", set the precedent in elevating gay discotheques to a respectable status. It opened in an exclusive shopping centre in the Northern suburbs of the city. Gays no longer had to negotiate iron doors and ascend or descend stairs to gain a sense of privacy. The club was exposed, as it were, to the general public. It proved to be extremely popular with the Transvaal gay collective.

The gay club is primarily a place or venue where gay persons are able to express their sexuality and their varied forms of intimacy without fear of ridicule. Ironically, ridicule in the form of competition, isolation and fears of abandonment come from within the interactions of the club, and not from without. This form of localised homophobia is a major factor in discotheque psychosis, and will be expanded on towards the end of the chapter. The majority of discotheques in South Africa cater almost exclusively for

male clientele. Read describes this historical legacy as follows:

Contrastively, male homosexuals (particularly whites) are in a kind of activist limbo. As males they inherit a legacy of vested social interest and economic principles, and many of them are as sexist (chauvinistic) as heterosexual men. Unlike women, blacks, Latinos, or native Americans, they have only the sexual preference -- with its avoidable and unevenly distributed discriminatory consequences -- as a possible focus for population-wide unity.

(Read, 1980:10)

Gagnon and Simon (1967), Mileski and Black (1972), and Tripp (1975) have commented on the fact that the promiscuity and anonymity of male homosexual encounters is either absent or minimal in homosexual relationships between females. The South African situation of male-dominated clubs, however, rests entirely upon supply and demand with an element of entrepreneurial expertise attached to it. Clubs that offer a new venue, a sense of differing decor, an escape from the familiar, will attract attention whether or not they are run by lesbians or have a large female patronage. Cape Town currently endorses this fact. The most popular city club is frequented by lesbians, persons of colour and alternatives. So successful was this club that another male homosexual exclusive club, situated in the periphery of the central city, was forced to close as a gay venue and re-open primarily as a heterosexual venue.

Choice is another matter. The climate of receptivity, based on cult and a sense of "ownership" and good experience,

determines the popularity or style of a club. Perhaps the most successful club in South Africa, and the longest-running one -- situated in a down-town Johannesburg building with a castle-like facade -- pays tribute to this fact. The club ruled that lesbians as well as gay men had to be admitted. With time, the club's reputation for non-discriminatory behaviour became unquestionable. Today it is the most popular club in the Transvaal area, catering for all forms of gender/sexual expression and action. Lesbians, of both the butch and femme types, drags, "neutral-looking" businessmen in suits, the flamboyant, and black and "coloured" persons interact with a fluidity not experienced before in a club. A similar feature exists in Cape Town, with one proviso. With only one or, at the most, two clubs operating simultaneously, the Cape Town population has less choice. This is an important feature if one compares Cape Town with Johannesburg. Cape Town gays have to contend with the limited availability of clubs, and this brings about cross-cultural and intra-cultural acceptance. Johannesburg, where, because of the larger captured market, clubs can promote stereotypical fancies or separateness based on ideological, sexual and cult premises, can and does retain a degree of separateness.

The descriptions of Johannesburg and Cape Town both exclude areas that are primarily devoted to the black homosexual sub-culture. Soweto has reputedly 15 small shebeens and music halls exclusively for black gays. A new group of

black gays has recently emerged in Cape Town, under the title of the African Gay Association (AGA), and has an active membership of up to 70 persons. A particular club in the centre of Cape Town provides a venue for a majority of "coloured" gay men and women.

The gay club has the following major characteristics:

1. It is a meeting place where persons of the same gender can enjoy dancing and loud music, and revel in the ethos of the discotheque.
2. It is a safe and comfortable venue where degrees of intimacy, such as dancing, kissing, touching and holding hands can be experienced without fear of heterosexual censure.
3. It is a place where sexuality, at its most powerful in terms of image, body language and fantasy, can be negotiated.
4. It is a place where symbolic catharsis of confession takes place, and where the symbolic or ritual ownership of homosexuality is in process. Within the confines of a building, one vibrantly or publicly becomes gay (even if it is transient).
5. The club becomes the "territory of ownership" for the gay person. Read defines "territory" as the "enclosed and physically separated premises and the distinctively patterned behaviours both

permitted and expected within them rather than a particular residential location" (Read, 1981: 69-70).

6. The club provides access to sexual partners, and becomes the platform for cruising and camping behaviour. AIDS, has added another crisis dimension to the sub-culture's contribution towards identity resolution. Ritual, gay iconography, and camping styles, described previously, have a direct influence on fulfilling the sexual desires of gay persons. In other words, camping and sexual identity forge part of the sexual persona of the homosexual. The club, the bar, as well as the cruising areas are still as active as ever but cues pertaining to camping are more subtle and cautious. Gay parties, for example, are invested with gay/AIDS innuendo:

- (a) to be seen to be overtly camping induces a social risk of ostracisation by peers. The person (or camper) becomes a "risk object"
- (b) blatant camping at parties or clubs where two people leave together creates an impression of licentious and indiscriminate behaviour which arouses suspicion and mistrust. Whereas previously sexual conquests were regarded with optimum sanction and support,

they are, in the context of "public cāmping" nowadays treated with suspicion.

Although this latter aspect is frowned upon by segments of the gay populace, it is still one of the major functions of a club. Cruising areas are often demarcated by interior design (near the bar, for instance), and lighting. Some clubs, particularly in Johannesburg, have provided alcoves and small rooms where sexual activity (such as mutual masturbation) may take place⁽⁸⁾. Schurink (1986), with reference to observations of a South African gay club, remarks on certain "social processes" observed. While some of his comments may have been accurate at the time they were researched (during 1979/1980), they do not have the same validity now. However, the social processes need mention. Schurink identifies the following (with writer's comment alongside):

- (a) social -- to convey an element of entertainment and basic enjoyment of dancing and socialising
- (b) bopping -- to dance, often to be visible on the dance floor, not only to dance with a partner (usually a familiar friend), but to seduce covertly a person of choice. Many persons take to the dance floor alone, not only to suggest an element of independence, or a "rave-up" on the dance floor, but to indicate availability for contact to a multitude of others.

- (c) camp -- the club provides a platform to be camp or "camp it up". Being camp allows the person to dress up or imitate feminine gestures quite freely. To "camp it up" suggests verbal intimacies, or the sudden flash of a wrist, or the use of expletives which deride some unfortunate person.

Schurink (1986) describes two more social processes, which in effect typify the core of clubbing. They are: to socialise with friends and to pick up a "piece" for the night; and to facilitate the "type" of person according to overt and covert sexual behaviour. This point is important, for persons who typecast themselves, say as feminine, usually congregate with similar types. Social clustering occurs, providing an element of safety and familiarity, as well as publicly validating the idiosyncratic sense of identity within the embrace of a gay ethos (Schurink, 1986: 35-36).

Gay clubs are a response to societal rejection which has caused gays to create a social world of their own. Bronski perceives the gay institution as part of the cult of dispossession, and writes:

It should come as no surprise that gay men, finding that they are not welcome in this world, invent in their imaginations safer, more congenial places. One of the most common themes in gay writing is the

creation of edenic [sic] situations, free from the world's hostility Imagination is especially threatening to a culture that repressively and rigidly defines gender roles.

(Bronski, 1984: 53)

Quoting Brophy, Bronski argues that the unlimited imagination is subversive, not only because it is primarily sexual in origin, but because it can provide an alternative vision to the "real" world. It is this sense of imagination that has led to the establishment of "other" gay institutions, notably the gay café society, eating houses, and venues which create a safe and open environment for both gays and gay-sympathetic persons.

Cape Town has numerous restaurants owned by gay proprietors. While no eating house exists for gays only, an element of comfort and repartee exists between owner, staff, and clientele at these gay-owned establishments. Specifically, one such late-night venue for eating, drinks, and cabaret exists in Sea Point. Its customers are primarily gay or gay-sympathetic persons. It provides a venue where open affection can be displayed, and a sense of "gay decorum" exists. Johannesburg, on the other hand, has fused gay with alternative behaviour. A specific street in Yeoville, a middle-class suburb west of Johannesburg, at one stage developed exclusive, late-night eating houses for the benefit of gays, alternatives and "jet set", avant garde persons. Its popularity was sustained for a number of years until it was phased out by regular late night venues. The

explanation offered for the demise of this venture in part reflects once again on the territorial imperative⁽⁹⁾ that gays impose on institutions. The minute they are "invaded" by others who have no apparent vested interest in gay sensibilities (in other words, for bonding purposes), patronage begins to decline, and newer pastures are sought elsewhere. This point has an important link to the fluctuation of popularity within the discotheque sub-culture. Specifically in Cape Town (corresponding with Johannesburg), gay clubs are often short-lived (*Exit*, No 23, 1987: 1), which may be ascribed to a number of factors:

1. The visibility of the gay collective is small. Persons feel sexually and socially incestuous when seeing familiar faces all the time. Boredom, as well as the fear of intimacy, competition, and isolation set in. People, in effect, reject or abandon the club before it abandons them.
2. Political issues, such as the exclusively male character of some institutions, have led to patrons not returning. One Johannesburg bar which refused access to women was quickly boycotted by a number of clients, with the result that a new bar opened, drawing customers away.
3. Alternative fringe cultures, including bisexual persons, and those who believe that gay clubs offer a tacit acceptance of mood, style, and behaviour, flock to gay venues. "Outside and

inside" polarities, which are seemingly amorphous, have been invoked as a charter of legitimacy for the activist causes of many minority groups such as alternatives, drug users etc. The gay venues in many respects have opened doors to others, creating a sense of identity shock for many gay persons.

4. Because of the transient reputation of gays, club owners, who primarily perceive their institutions as businesses and not as community service, examine the mood of the market, and are quick to change the club into an alternative venue. A club can be exclusively gay one week, and heterosexual the next, as was the case in Cape Town. This analysis is expanded by Bronski in his description of sexual and gender arrangements of gay identity. He speaks of gay stereotypes as enabling some homosexuals to create an identity, while at the same time reassuring the heterosexual population, who desperately need gay men and lesbians to be identifiable (Bronski, 1984: 79-80). One can take Bronski's observations a step further, in parallel with the concept of fringe culture, marginality, and transience. It is just as important for gay persons to be able to identify one another, in order to secure an element of culture procreation as described in the previous section of this chapter. Homosexual visibility within the context

of the sub-cultural institutions impacts upon the nurturing and potential sustainment of gay identity issues. Any threat from external sources is viewed with hostility.

Part of the sub-culture is reflected, particularly in Northern America, Britain, and parts of Europe, by a formal network of newspapers and periodicals (Bronski, 1984), the most popular and widespread being the **Advocate**. South Africa, over the years, has seen attempts to publish material dealing with gay issues. Periodicals dating from as far back as 1975 (**Equus**) to the recent GASA-linked publication **Exit** (formerly known as **Link-Skakel**, and published independently) have a circulation within the GASA membership. However, as Bronski warns: "There is a dialectic between a self-contained gay culture and the dominant culture, based upon the tension between desire for assimilation and the desire to remain distinct and separate" (Bronski, 1984: 158). In South Africa this position is aggravated by the fact that the publications reach a minority of gay persons, primarily because the newspaper is not registered with the post office (and is therefore not publicly distributable). Some have also been banned, lowering their credibility with the authorities. The content of **Exit** is also slated by the gay left wing, for it is seen as harbouring stereotypical images, sexist advertisements and personal column inserts, and status quo political issues. Thus the consumer market is highly

limited. Certain bookshops, however, now openly display gay publications, both fictional and academic. They also offer copies of *Exit* free of charge. It is not uncommon, especially over weekends, to see people examining gay books quite openly, and one bookshop in Hillbrow has become a meeting place for gay persons.

There is perhaps no more complex or institutionalised international language or set of symbols than the pattern of homosexual mating behaviour. More commonly known as cruising or camping, this aspect of the sub-culture needs specific attention.

A formalised, almost ritualistic pattern of interaction underpins this aspect of homosexual behaviour. Coupled with the mating or bonding process are a variety of venues of meeting places which provide the initial access to this feature of seduction.

Camping or cruising may be defined as the conscious or deliberate attempt to negotiate a liaison with another person (or persons) for the primary purpose of engaging in some form of sexual activity. It involves self-awareness and the awareness of others, with the object of being noticed, observed, or indulging in generally coquettish behaviour.

Camping behaviour is the constant in the gay sub-culture. At the outset the verb "camping" must not be confused with the term "camp" or "camp behaviour". Bronski brilliantly highlights camp behaviour as the ability of gay men to re-imagine the world around them by satirising and diffusing real threats: "By exaggerating, stylising and remarking what is usually thought to be average or normal, camp creates a world in which the real becomes unreal, the threatening unthreatening" (Bronski, 1984: 42).

Because camping or cruising cannot be divorced in most cases from the sub-culture, it is the camping venue that becomes sacred and paramount to gay existence. Besides the conventional meeting places such as bars, clubs, and steamrooms, a variety of places exists in South Africa, some of them corresponding to overseas counterparts, such as railway stations, shopping centres, youth hostels and hotels (Stanford, 1981).

Cape Town, specifically, is well-known for its relatively "open and public" aspects of camping. The beach front stretching from the west end of Sea Point right along the promenade is available 24 hours a day for persons who wish to seek out a sexual companion. Sandy Bay, a popular nudist beach of international renown, is accessible daily throughout the year, for those persons wishing to make homosexual contacts. Areas beyond the vegetation abound with homosexual sex activities. Certain railway stations,

departmental stores (cloakrooms), and streets in the city centre at night offer "gay tourists" the chance to make contact.

Perhaps the most camping takes place in a particular Sea Point area, the magnet of cruising throughout the year and well-known to travellers from abroad and locally. Known as Graaf's Pool, it is an area concreted off from the beach and adjacent to an enormous rock pool, where men are permitted within the confines of the walled area to sunbathe in the nude. Of symbolic and psychological importance is the geographic vantage point of this area. There is a concrete pathway leading to the bathing area, which is floodlit at night. During the day one section is, by unwritten agreement, occupied by heterosexual men, and the other by gay men. Sexual gestures, which may be overt or covert, persist all the time, such as surreptitious masturbation. At night, when the area is specifically sought out for camping purposes, there is activity from the late afternoon until the sun rises the next day. Here men walk along a public pathway, in bright floodlight. Their heads appear over the concrete wall while they indulge in sexual behaviour. It is the spotlight, the overt decision to walk over the "threshold" -- in the eyes of the public -- that endows a symbolic status to this particular area. Perhaps the Johannesburg counterpart is reflected in the vast bush and shrubbery areas of the Botanical Gardens where gay activity, although relatively hidden, takes place in public.

It is the paradox of camping in public places that promotes a sense of vicarious defiance for homosexuals and provides them indirectly with some public image. Although harassment does occur, such as spasms of "gay bashing", or police raids, camping has persisted.

The art of camping is dependent upon levels of experience and assimilation within the sub-culture. Although camping becomes more sophisticated with the increase of self-image and consolidation of aspects of identity, it represents for the gay person a scenario of style, conquest, sexual release, and testing-out behaviour.

Styles of camping include driving around in a motor car, and cruising a particular person or persons, with the hope of making contact. Such contact is often dependent on clues, which include nods or gestures from the other party, or "cat and mouse" chasing in the car to seek out mutual confirmation. Other clues include following a person once a series of eye contacts has been maintained, to brazenly fondling or exposing the genitals. Some persons will camp up to 20 people in one session, until they have received some form of sexual gratification. It is not the sense of sexual orgasm that becomes the ultimate desire, but rather the fact that a feeling of acknowledgement has occurred. In transactional analysis language, the person has been stroked. Camping, furthermore, provides an outlet for

clandestine contact. Many of the nocturnal activities assist married men, more mature adults, and bisexual persons to indulge in fantasy construction in relative psychological safety.

Plummer similarly regards camping as a legitimate form of sexual expression. He concludes:

Gay casual sex (pick-ups, cruising and objectification) can be seen as a rejection of this narrow (monogamous) definition of legitimate sex, as it expands its range of possible meanings. It includes seeing sex as a form of recreation, simply a game or hobby or fun. It is divested of all its moral and guilt overtones and is enjoyed as an end in itself.

(Plummer, 1981a: 198)

Tripp has noted that there can be an intensity, and a closeness unmatched in some long-term relationships, and says: "Sometimes promiscuity includes surprising elements of affection. Even in fleeting contacts ... affection often develops as a by-product of sexual activity" (Tripp, 1977: 146). Commenting on promiscuity, particularly as it has affected the gay population since the advent of AIDS, Altman speaks of the central dilemma facing gay men in the wake of moralism unleashed upon gays who have sex outside of the traditional relationship. Altman perceives the attack on cruising, camping, and unrestricted sex as misunderstood rhetoric. He states: "All too often such rhetoric is no more than a way of arguing for conventional moral precepts in the name of health needs" (Altman, 1986: 159). Altman's concern, which is endorsed by the writer, as well as by

Pegge (1988a), is not the notion of promiscuity per se, but rather that sexual activity should be negotiated within the parameters of safer sex. This issue will be examined more fully, both in the chapter on AIDS, and in Chapter 9.

The sexual objectification which characterises camping, however, may also be crisis-inducing, due to the using and discarding the object once completion of the sexual act is achieved. Plummer, quoting Lee (1978), argues that the gay "ecosystem" provides the social and physical (geographical) arrangements to facilitate mutual sexual pleasure, without fear of rape, unfulfilled expectations, or high costs (Plummer, 1981a: 199). Yet cruising endorses for many gays the sexual fixation of homosexual behaviour at the expense of dealing with its emotional consequences. In contrast to Plummer, Colgan is aware of some of the pitfalls of sexual transience; when he writes:

Men who rely on patterns of over-separation will perpetuate their need for distance from affective expressiveness by establishing skills only in sexual performance. Some of these men apparently become fixated with sexual behavior [sic] as an avenue for satisfying their needs for connection with others males. Others protect themselves from losing by insulating themselves from the possibility of sexual rejection by way of alcohol or other drug abuse.

(Colgan, 1987: 111)

The majority of clients expressed, in their case histories, the love-hate component of camping. Camping may be necessary in order to verify aspects of the dual identity which needs continuous homosexual endorsement. At the same

time, feelings of defilement and incompleteness exist if and when the camping behaviour becomes the only way of gaining a sense of homosexual identity. Camping often reflects a sense of urgency in this regard. This urgency is evident during the acting-out stages of camping ritual and is often conveyed by non-verbal messages. The urgency often detracts from the sexual intent of camping, and rejection ensues because the campee fears the intensity and emotional needs of the camper.

The gradual encroachment upon the gay sub-culture by fringe or alternative people, who have been seen to penetrate the sacred boundaries of camping, has created another form of crisis. The style of expressive artifacts and concrete objects used in the sub-culture have acquired the same or similar meanings in the wider culture. No longer are earrings, tight pants, crotch-emphasising clothes, rings on little fingers, coloured material in pockets (indicating inter alia S and M ritual) the prerogative of the gay sub-culture. This process of stylisation and iconography once the hallmark of the gay mystique and identity, has been absorbed into the wider youth culture, thereby making it more difficult for gays to identify their own kind.

In conclusion, the gay sub-culture is paradoxical in nature, both sustaining and undermining homosexual identity growth.

It is replete with contradictory features: unity and fragmentation; activism and stigma; sexual liberation and self-oppression; intimacy and objectification. Gays thus find themselves in a constant state of multiple dilemma, to which has been added the new crisis of AIDS.

NOTES

1. Some major texts which deal with the history of homosexuality are cited hereunder:
 - (i) Boswell, John. **Christianity, Social Tolerance, and Homosexuality: Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century.** Chicago and London: The University of Chicago Press, 1980.
 - (ii) Bullough, Vern L. **Homosexuality: A History from Ancient Greece to Gay Liberation.** New York: The New American Library, 1979.
 - (iii) Katz, Jonathan. **Gay American History: Lesbians and Gay Men in the USA.** New York: Thomas Y Crowell Co, 1976.
 - (iv) Lauritsen, John and Thorstad, David. **The Early Homosexual Rights Movement (1864-1935).** New York: Times Change Press, 1974.
 - (v) Mieli, Mario. **Homosexuality and Liberation: Elements of a Gay Critique.** (Translated from the original Italian by David Fernbach.) London: Gay Men's Press, 1980.
 - (vi) Weeks, Jeffrey. **Coming Out: Homosexual Politics in Britain, from the Nineteenth Century to the Present.** London: Quartet Books, 1977.
2. A comprehensive definition of homophobia is given by Morin and Garfinkle (1981) who state that homophobia is:

Any belief system which supports negative myths and stereotypes about homosexual people. More specifically, it can be used to describe (a) belief systems which hold that discrimination on the basis of sexual orientation is justifiable; (b) the use of language or slang, eg "queer" which is offensive to gay people; and/or (c) any belief system which does not value homosexual life-styles equally with heterosexual life-styles.

(Morin, Stephen F and Garfinkle, Ellen M: "Male Homophobia". In: Chesebro, James W (Ed) **Gayspeak: Gay Male and Lesbian Communication.** New York, The Pilgrim Press, 1981: 117-129.)

3. This is a common South African expression referring to a male homosexual. Its origin is based on the Afrikaans word "mof/mowwe" which refers to a "cross breed" between indigenous and European cattle.

A more romantic explanation of "moffie" is given by Bill Curry, a well-known South African actor, who, in an interview with the writer, explained the word's origins as emanating from the vibrant gay culture of District 6 (where he grew up as a child). This word, according to Curry, stemmed from the French expression "mauve"; literally translated into colours of mauves and pinks.

Although Isaacs states in his lexicon of gay terms the "moffie" is "usually used with sarcasm, or with contempt, but is gradually losing its pejorative connotation" (Isaacs, 1979b: 68), the emphasis on "moffie" today, as a general description for a South African homosexual is widely accepted as the non-pejorative indigenous description of gay men.

4. Charles Silverstein's book, *The Joys of Gay Sex: An Intimate Guide for Gay Men to the Pleasures of a Gay Lifestyle*, New York: Crown publishers, 1977, is banned in South Africa.

The writer ordered a copy which is lodged in the special collections section of the Jagger library, University of Cape Town. The book may only be used for teaching or for research purposes, and may not leave the restricted area of the library building. It is, however, freely available in Britain, the Northern Americas, most European countries, and Australia.

5. The term "transitional object", although borrowed from Object Relations Theory, and more specifically from Winnicott (1951), is used by the writer to describe the relationship between intimacy, sexuality, and identity within homosexual sexuality and the sub-cultural framework.

For clinical purposes, including social work intervention, as well as for dealing with transference and countertransference in homosexual clients, a fundamental understanding of the historical antecedents of the transitional object is required. To this end Chescheir offers some guidelines for the social worker to help the homosexual person deal with the frightening consequences of transitional objects in adults life, including the notion of "promiscuity" and "persistent sexual stroking".

Chescheir believes that the transitional object (tangible, portable objects), and transitional phenomena (activities, behaviours, languages, etc) experienced by the person during infancy and the formative years lay a foundation for a variety of other kinds of activities in adulthood which challenge the creative and cultural processes and permit the sublimated expression of powerful emotions (Chescheir, Martha W: "Some Implications of Winnicott's Concept for Clinical Practice", *Clinical Social Work Journal*, 13(3), 1985: 218-233).

6. Personal interview held with a well-known "coloured" actor and TV artist, who, as a young man, participated in the activities described. However, this flavour has not been lost. A discotheque in Salt River, adjacent to the Woodstock suburb, on occasions, hosts drag competitions for so-called "coloured" gays.

In September, 1988, the writer attended such a performance. Of note were the number of families (including siblings) of the gay participants who offered not only their moral support, but applied make-up, and helped costume their sons. A follow-up competition was subsequently held in the Cape Town City Hall. A Gala evening was arranged in the form of a "Miss Gay Universe" pagaent. A capacity crowd gathered to watch a multiracial contest.

The writer believes in the importance of narrating these events, for they contradict some of the more widely believed myths pertaining to the notion that aspects of homosexual behaviour is "forbidden" and "non-expressed" in the so-called "coloured" communities.

7. "Rough trade" refers to male prostitutes who assert themselves sexually, and who present an image of being rough, masculine, and unkempt. "Rough trade" may also be extended into the arena of sado-masochistic sex.
8. These activities have decreased considerably since the advent of AIDS in South Africa. However, on occasion, the toilets are used for mutual masturbatory purposes.
9. A term originally devised by Robert Adrey who hypothesises that there are three basic inborn needs in all higher animals, including man. These are: identity, stimulation, and security. In order to maintain security, territories -- personal and special --and the buffer zones between them, are essential for the maintenance of group integrity. (Adrey, R: *The Social Contract*. London: Collins, 1970: 90, 184.)

This concept of territorial space is pursued further by Edwin Pfuhl, who asserts that territories are multiple, ie public, home, interactional, and bodily. Within the gay context, the home territory is the place where people have relative freedom of behaviour, a sense of intimacy, and control over this area.

In order for this territory to be protected from outsiders, certain ritualised reactions, such as insulation, linguistic collusion, and turf defense are negotiated by the occupants of such a territory. (Pfuhl, E: The Deviance Process. New York: D van Nostrand, 1980: 225-226.)

CHAPTER 5

AIDS: THE "NEW" CRISIS AND ITS IMPINGEMENT ON INDIVIDUAL AND SUB-CULTURE A CRISIS INTERVENTION PERSPECTIVE

In the summer of 1981 the Centres for Disease Control (CDC), in Atlanta, USA, alerted the medical world to an unexpected outbreak of *Pneumocystis Carinii* Pneumonia (PCP) and Kaposi's Sarcoma (KS) in young homosexual men who had no known reason to contract these uncommon diseases (Gong, 1985). They apparently emanated from a novel form of the gradual collapse of the immune system. Now known as the Acquired Immuno-Deficiency Syndrome, or AIDS, the phenomenon has become widely recognised within the past seven years, leading to widespread and growing alarm internationally.

AIDS has been described, discussed, and debated in an unparalleled media and scientific blitz (Hastings et al, 1987). Of note, is the tendency to regard the illness as being confined almost exclusively to certain "at risk" groups (Adler, 1987; Hammett, 1986).

Most of the reported persons in the developed countries are homosexually active men (including bisexuals), intravenous drug abusers, and the recipients of contaminated blood products, particularly persons with haemophilia (Gong,

1985). Incidence of the disease has been reported worldwide and is manifest pandemically in both males and females in Central Africa (Biggar, 1986). Widespread incidence has also been reported in the Caribbean (Vieira, 1985). The occurrence has been noted in heterosexual partners of all the aforementioned groups, and also in infants born to women in "at risk" groups (Borland et al, 1987).

Originally identified as LAV (Lymphadenopathy Associated Virus) by scientists at the Institut Pasteur in Paris, during 1983, the causative virus was independently identified by the National Cancer Institute in the United States as HTLV -- III (Human T-lymphotropic virus, type III) (Baum, 1987; Gallo, 1984). A more definitive acronym accepted by virologists internationally now refers to the AIDS virus as the Human Immuno-Deficiency Virus (HIV) -- a retrovirus -- a rare kind of virus with a unique method of reproduction and mutation. The etymological basis of the terminology applied to this illness is explained in the following chart.

CHART 1

CHART DEPICTING AIDS TERMINOLOGY

AIDS (Acquired Immune Deficiency Syndrome) [HIV]	
ACQUIRED	SYNDROME
transactions between people (associated with the environment)	cluster of symptoms/signs that characterize a disorder
VIRUS	
COMBINED INTERPRETATION	Viruses are extremely small micro-organisms that cannot live outside of living cells. Viruses grow and increase within cells and then infect further cells. Infection is either halted by the immune system or infection becomes overwhelming and causes death.

(Adapted from Bracht, 1978: 77)

Some commonly-used terms associated with the syndrome induced by the HIV virus are briefly defined and discussed below.

AIDS

Acquired Immune Deficiency Syndrome is an illness caused by the retrovirus HIV. Its presence may be recognised from one or more opportunistic infections that characterise underlying cellular immunodeficiency. The name appropriately defines the condition. It is acquired, (therefore not inherited or genetic), but associated with the environment. (An exception to this might be seen in the infant in utero, who acquires the disease from the infected blood of the

mother, but a clear distinction must be made between "inheritance" via the genotype, and "inheritance" that the phenotype obtains while in the special environment that the mother's womb constitutes.) "Immune" refers to the body's natural system of defence to combat disease, while "deficiency" indicates that the system is incomplete or lacking. A syndrome is a group of particular signs and symptoms that occur together and characterise a disorder (Gong, 1985: 1).

OPPORTUNISTIC INFECTIONS

Without normal immune function, the body is vulnerable to assault by many environmental toxins and pathogens. An opportunistic infection is one that does not usually arise in a healthy person with a sound immune system, but strikes when a micro-organism finds an immune system that is defective (Marsh et al, 1985: 192).

ARC

The AIDS-related complex is a combination of physical symptoms, existing over time, that indicates that a person is infected with HIV. Symptoms include, inter alia, fatigue, general malaise, persistent low-grade fevers, weight loss unassociated with diet, dry cough, diarrhoea, night sweats, skin rashes and swollen or enlarged lymph nodes. The advanced phase of HIV infection has also been called pre-AIDS or lesser-AIDS.

HIV ANTIBODY POSITIVE

Antibodies are proteins in the blood produced by the body in response to the presence of the AIDS virus. These antibodies appear in the blood from 2 to 12 weeks after infection. People who are antibody sero-positive, host the virus in their blood and can transmit the infection to others via the exchange of blood and/or semen.

Although AIDS was reported as recently as 1981, a brief moratorium existed where widespread dissemination was concerned for two years. Thereafter, the pandemic proportions of the illness were exposed by *Time* and *Newsweek* magazines. This coincided with the first reported cases of death from AIDS in South Africa. Since then, more research, inquiry, and journalistic reporting has occurred concerning AIDS than in any other known field of medicine and science. Watson states that in particular "homosexual men have been bombarded with more medical information than the average person would receive in a lifetime" (Watson, 1984: 559).

Several theories have been devised to assist in the understanding of this disease. The etiologic models include the immunologic overload theory, the interactive model, and the community impact model (Martin and Vance, 1984). The dominant theme to emerge from these models suggests that the etiology of AIDS is precipitated by one or more biological pathogens, most likely viral in nature, that produce a state

of immunologic incompetence (the primary illness). This in turn leads to the defencelessness of the sufferer against a variety of secondary illnesses (Adler, 1987; Beverley and Sattentau, 1987; Martin and Vance, 1984: 1303). Studies revealing idiosyncratic features of AIDS have described the illness, inter alia, as an African disease, a disease caused by a single viral agent, compromised immune systems, and a "gay plague" (De Cock, 1984; Johnson and Ho, 1985; Kingsley, et al, 1987; Layon et al, 1986; McKusick et al, 1985a; Miller et al, 1986; Pegge, 1988a; and Watson, 1984).

Of striking importance is the so-called scientific demarcation of two sets of AIDS patterns, ie Western AIDS -- which in effect has infiltrated the active homosexual and bisexual populations, and African AIDS which is recognised as a heterosexual illness, and confronts a vast number of males and females who interact sexually. This division has wide implications for homophobic attitudes as well as for a political backlash from African countries who regard the West's attitude as patronising and tinged with racial anger (Ng'Weno, 1987). Although the two patterns are caused by the same virus, the manifestations of the illness differed initially in that the population groups affected were different; but the difference is already disappearing fairly rapidly (Ijsselmuiden et al, 1988). In this regard the writer views AIDS as a human disease, its nature of transmission being primarily sexual, (ie blood and semen), the virus knowing no boundaries when it comes to gender,

sex, race, politics, or geographical location. AIDS is primarily transmitted through INTIMATE expressions of sexuality. It is this intimate behaviour, reflected in sexual partnerships -- linked to the psycho-social perceptions/experiences of a particular segment of the population, ie the homosexual⁽¹⁾ -- that will be explored in this chapter.

A perturbing feature to emerge from the literature (Altman, 1986; Shilts, 1987) is the constant attack and counterattack between homosexuals who believe that AIDS must be seen as a heterosexual disease too, and those who believe that the largest percentage of persons who comprise the risk populations (ie elsewhere than in mid-Africa) are homosexually active persons.

Layon and associates (1986), in a selected review of AIDS in the United States, point to the consistent and stable presentation of AIDS in respect of risk groups, noticeably the highest being homosexual and bisexual men. They regard their findings as reflecting a definitive diagnosis of AIDS and exclude those persons who have registered HIV positive on the AIDS test. Their break-down of AIDS sufferers according to risk groups is as follows:

Gay/bisexual men	72%
IV drug abusers	17%
Haitians	5%
Haemophiliacs	1%

A fifth risk group is identified as persons with miscellaneous contacts, of which between 9 and 15% are heterosexual contacts, including women, who have either been the recipients of blood products or who have had sexual relationships with an infected partner. A striking percentage of AIDS patients range in age from 20 to 49 years, with a median age of 35 years for gay men (Layon et al, 1986: 825).

Complementing the above findings, Kingsley, in association with eleven researchers (1987), reported in *The Lancet* the enormity of risk factors in so-called unsafe sexual practices of homosexual men. The study examined 2507 homosexual men who registered sero-negative on the HIV test at enrolment and were monitored for twelve months to elucidate RISK factors in sero-conversion to HIV positive. About 11% of the sample who inter alia practised recipient anal intercourse with two or more partners during the twelve-month period seroconverted. Receptive anal intercourse accounted for nearly all new HIV infections among the homosexual men covered by the study (Kingsley and Cohort, 1987: 345).

Isaacs and Miller have alluded to the (perhaps understandable but nevertheless unacceptable) comment that AIDS research has enjoyed "disproportionate" effort and publication space (Isaacs and Miller, 1985: 327). To date, the bulk of scientific investigation has focused on

epidemiology, etiology, pathogenesis, definitions, and palliative treatment of AIDS. The crisis proportions of this disease, however, have other aspects that tend to escape attention. The psycho-social implications of AIDS, and the advocacy of safer sex practices for groups of persons at risk, have not been ignored, but nevertheless writers on AIDS have in general failed to examine the principles of crisis and crisis therapy that dealing with this phenomenon would call for. Isolated attempts at identifying the AIDS scare-panic syndrome, the characteristics of risk factors, psychiatric depression and neurological factors, counter-transference, and the emotional responses of the "worried well" have been documented (Holland and Tross, 1987; Isaacs, 1987a).

The significance of AIDS and its associated crises, for the homosexual sub-culture, will now be examined with particular attention to the following:

- * distinguishing features of AIDS, ARC, and the "worried well"
- * the socio-dynamics of a minority population at risk
- * the concept of sexuality and intimacy: the dangers of metaphorical comparisons⁽²⁾
- * AIDS and identity, specifically the process of "coming out".

Finally, the model of crisis, in association with a case study in Appendix 1, including a profile of intervention strategies (based mainly on the writer's clinical practice) will be offered.

Homosexual sexual practices are not new. Legislation against sodomy (anal penetration), has existed for centuries. Even where legislation against homosexual practices has been revised, such as in the State of Wisconsin (USA), and the Australian state of New South Wales, criminal sanctions against sodomy remain (Altman, 1986: 13). The sudden presentation of homosexual sexual acts as a primary indicator of the spread of disease must be treated with sensitive circumspection. Martin and Vance (1984) clearly indicate that:

Sexual behaviour must be conceptualised more fully as consisting of several but distinct correlated dimensions, each of which must be measured separately. The most significant dimensions are the number of partners, number of acts, types of specific sexual acts engaged in, characteristics of partners, and the place or location of the sexual contacts.

(Martin and Vance, 1984: 1304)

The combination of a new mutant virus with possible origins in Africa with the fact that the majority of AIDS-related cases have experienced a multiplicity of sexual partners points to risk factors within the homosexual population. Sexual contact is currently regarded as the primary mode of transmission of AIDS among homosexual men. AIDS itself, the

AIDS-related complex, and the population known as the "worried well" present a unique constellation of disease characteristics. These are summarized below:

- (a) The etiology of the illness is speculative;
- (b) To date, treatment programmes for the primary illness (PCP, KS) are basically palliative and ineffectual;
- (c) The incubation period, levels of infection, and mode of transmission of the disease by so-called carriers, are relatively unknown; they are subject to much speculation, and change as the disease spreads;
- (d) There is a high fatality rate amongst those with "full-blown" AIDS;
- (e) Young and otherwise healthy adults are the targets for the disease;
- (f) "Infection" has a "sensational" connotation attached to it, and the spread of infection has erroneously been associated with casual non-sexual contact such as drinking from a chalice cup or swimming in a public bath;
- (g) Infection has been associated with aspects of sexually transmitted agents (bodily fluids) -- leading to an inherent confusion in identifying risk factors;

- (h) The "worried well" ie persons who are not infected but who believe that they have the potential to contract the disease, form a large proportion of the gay and other populations.

The implications of the disease being spread through the exchange of bodily fluids, noticeably blood and semen, give prominence to the "syndrome". Faulstich warns within the context of the gay collective that: "Although some reactions of the 'worried well' may be within normal limits, some of these individuals suffer from sufficient distress to severely disrupt social and occupational functioning" (Faulstich, 1987: 552).

Martin and Vance, writing from the perspective of life stress and illness, believe that the characteristics of the AIDS profile ...

appear to form a stress-inducing configuration of sufficient seriousness to: (a) cause increased rates of psychological and emotional distress, and (b) lead to changes in various aspects of life-style, most notably sexual behaviour, though other areas of individual and social functioning may be affected as well.

(Martin and Vance, 1984: 1306)

The overriding uncertainty about the AIDS issue, in effect, lies in the subjective responses of individuals or communities to the concept of RISK. Risk factors might be objectively identified, but the negotiating of such factors (such as more than one sexual partner, or being in intimate

contact with an infected person), could well be overemphasised or underestimated by some persons. The subjective process of interpreting risk factors becomes a plausible psychological defence to ward off the anxiety of the AIDS scare. Joseph and associates give credence to this point. They emphasise that, within the gay community, the nature of risk is often dealt with "as a rephrasing of a longstanding homophobic viewpoint that homosexuals engage in dirty and dangerous behaviour" (Joseph et al, 1984: 1300). Risk is negotiated by externalising a threat. For instance, on societal homophobia -- widely familiar to homosexuals -- is projected blame for the risk of infection instead of a realistic appraisal of the facts themselves.

Attached to the realization of risk affecting AIDS sufferers, those with ARC symptoms, and the "worried well", is a sense of universal betrayal. Heterosexuals feel that their sexual boundaries have been infiltrated -- for the generic risk factor suggests that any deviation from monogamous sexual behaviour might be dangerous⁽³⁾. Any sexual behaviour outside a long-term monogamous relationship must be accompanied by precautionary measures. Homosexuals feel betrayed because their sexuality has been exposed and analysed according to strict medical principles and moral overtones. Because homosexual sex behaviour has been exposed, what was once a "closed book" has become public knowledge -- with resultant fear, panic, and disgust reflected in responses from scientists and the public alike.

Paradoxically, homosexuals are now being told "how to do it" by persons (medical scientists) who have hitherto pronounced their (homosexual) sexual proclivities to be unsound. Distress, based on risk evaluation can lead to extreme reactions by persons who have to alter long-standing patterns of sexual activity (that had become an integral part of their life-style) and intimate patterns of expression. This is experienced as a change in their identity. The homosexual population, being recognised (within the Western world) as the primary "target" for AIDS, counteracts in three ways:

- (a) by responding to world opinion as if it were an onslaught against homosexuality;
- (b) by denying the whole issue, and continuing a life-style familiar to them before the advent of AIDS; and
- (c) by incorporating (ingesting) the symbolic fear into the self -- ie the medical uncertainties, lead homosexual to monitor their sexuality, and to view the general life-style of the sub-culture in an extremely critical manner. Such behaviours could include celibacy, attacks on homosexual life-styles (intra-culture phobia) -- causing self-imposed estrangement behaviour, and overcompensating for a lack of ongoing intimacy (with others) by self-obsessive behaviour. Panic attacks, generalised anxiety, hyperchondriasis,

excessive somatic pre-occupation, and fears of the disease as well as attempts at or thoughts of suicide are examples⁽⁴⁾ (Buckingham and van Gorp, 1988; Faulstich, 1987; Flavin et al, 1986; Harowski, 1987; Holland and Tross, 1987; Lopez and Getzel, 1984, 1987; Pleck et al, 1988; and Quadland and Shattls, 1987).

The following case extract highlights the latter point:

A thirty-two year old male made contact with the writer after a serious suicide attempt. The precipitant to the suicide was fear of AIDS. The client had no symptoms; nor had he been tested for the presence of positive antibodies. The dynamics underlying his suicide attempt included the following:

- (a) recent experience of surfacing fantasies of a homosexual nature
- (b) fear of verifying these persistent fantasies which led to withdrawn speculative behaviour
- (c) external issues such as the morality of homosexuality, fear of being found out at work as well as parental-family censorship were strong
- (d) panic at being exposed to the homosexual sub-culture caused a sense of immobilisation and self-disgust.

On the eve of his suicide bid, he was confronted by a group of friends, including two homosexual men at a dinner party. One of the men leaned over and kissed him (frivolously). His immediate response was to leave the room and vomit. He subsequently left the party and went home.

The fear of such an "intimate" expression as suggested by the kiss reinforced his anxiety pertaining to his own homosexual fantasies and were transposed onto AIDS.

Is AIDS a public health issue or a gay issue? Because of the uncertainty, which is reflected at both the political and the personal levels, the issue of risk has become confused. AIDS has been universalised as a homosexual "plague". Furthermore, homosexuality has been personalized as a risk phenomenon and the implications of the transmission of the illness have thereby been largely avoided. The two issues have become confused. Homosexual lifestyles, which include varying aspects of sexual intimacy, are not necessarily the primary cause of AIDS (McKusick et al, 1985b). The risk factor revolves around sex behaviour. The labelling of homosexuality as sex behaviour only has reintroduced confusion and stigma both in homosexual and in heterosexual thinking. Altman (1986) believes that the link between homosexuality and AIDS (from an international perspective) has the potential for "unleashing panic and persecution in almost every society" (Altman, 1986: 187)⁽⁵⁾.

Weeks deals with this issue in the context of generalised societal flux -- particularly in the framework of fear, panic and homophobia. He writes:

The mechanisms of a moral panic are well known: the definition of a threat in a particular event (a youthful 'riot', 'a sexual scandal'); the stereotyping of the main characters in the mass media as a particular species of monsters (the prostitute as a 'fallen woman', the paedophile as a 'child molester'); a spiraling escalation of the perceived threat, leading to the taking up of absolutist positions and the manning of moral barricades; the emergence of an imaginary solution -- in tougher laws, moral isolation,

a symbolic court action; followed by the subsidence of anxiety, with its victims left to endure the new social proscriptions, a social climate or legal penalties. In sexual matters the effects of such a flurry can be devastating, especially when it touches, as it does in the case of homosexuality, on public fears, and on an unfinished revolution in the gay world itself.

(Weeks, 1985: 45)

Weeks's powerful statement reflects the metacrisis of AIDS. As long as AIDS remains so closely bonded to homosexuality (as opposed to sex behaviour in general), those who deny or distort the validity of homosexuality have access to powerful ammunition.

The linking of AIDS to a minority group has enormous ramifications for the psychological homeostasis of the group. Again the giant paradox surfaces, to reveal a collective of persons struggling with identity issues now being confronted with an awesome fact: AIDS is primarily transmitted through sexual intimacy -- yet sexual intimacy has been regarded as the panacea for consolidating homosexual identity. Deductive reasoning therefore indicates that previous attempts to defuse the myth that homosexuality is no more or no less than a sexual proclivity between men are jeopardised, and that the notion that the homosexual is a carrier of a "venereal disease" of fatal proportions is once again reinforced. Labelling theory

supports this contention, by highlighting the following areas, specifically within the context of homosexuality:

- (i) Goffman's (1963) view of "spoiled identity" develops into a feature whereby homosexuals are now among those whose "moral portfolios" are once again assimilating society's view of stigma before they identify themselves as so stigmatised. The incorporation of stigma, associated with AIDS -- the identification of what one has learned, or is learning about AIDS -- leads to a disapproval of self (and of others like the self).
- (ii) Attribution theory as cited by Karr (1981) suggests that: "the perception and evaluation of an individual are in part a function of the personality of the perceiver and the social situation in which the perception takes place" (Karr, 1981: 3). In respect of AIDS, this reflects on the parameters of "social distance" and "social intimacy". Both are experienced from within and without the homosexual framework. Heterosexual perceptions of homosexuality are distorted with images of contagion and blame, and homosexual perceptions of homosexuality are distorted with images of generalised homosexual homophobia (including contagion). Specifically, if homosexuality is measured in terms of the sub-culture and its fringes, then that culture will,

too, become a victim of stigma and oppression. AIDS has moved from an individual-related issue to a collective-related issue, influencing the levels of distance and intimacy. The direction of homophobia -- a social distance phenomenon -- is situated in the context of sexual suspicion, fear of so-called promiscuity, rumour of symptoms being attributed to people (eg weight loss), and blame.

Self-esteem, a feature pertaining to identity development expounded in Chapter 2, is central to the AIDS scare. Shame, guilt, self-reproach and embarrassment often occur as a result of societal predisposition toward blaming a victim (Anderson, 1982: 152). Threat to self-esteem is directly experienced. The view of AIDS as a collective gay disease, incurs a typical victim-type response if AIDS is perceived by homosexual men as a threat to their sexuality or sexual identity formation. AIDS may produce ongoing psychological battering because the victim response is inter alia dependent on the appropriateness of other people's reactions (Sutherland and Scherl, 1970).

Assault trauma, in the context of physical and psychological assault, according to Anderson, can increase psychological distance between a gay man's public and private self, adding to the distress surrounding identity issues. In addition, feelings of rage towards the AIDS assailants, in this case directed towards (a) the virus, (b) the homosexual

widespread paranoia. Conversely, overindulgent sexual patterns of interaction occur as well, a defiant pattern of behaviour persisting in those who deny how serious the facts about the transmission of the illness are. The following vignette illustrates this in terms of the South African situation.

A steambath, located in the centre of Johannesburg and catering exclusively for the gay collective, operates daily. Upon admission, (through membership recommendation only) each customer is supplied with a towel, a clothes-locker key, and a free condom. Issuing the contraceptive is an attempt to prevent unsafe sex practices, but it is regarded by many as an "invitation to participate in anal sex".

The architecture of the steambath is so designed that private cubicles afford patrons the opportunity of selecting a partner for sexual interaction in relative privacy. There are community rooms (described as TV or relaxation rooms) as well, where groups of persons can participate in group sex. Of note were the number of persons who participated in mutual receptive anal intercourse without the use of the condom⁽⁸⁾. Either the serious implications of safer sex practices have not reached the South African population (by default), and/or disregard of the situation is still prevalent.

CHARACTERISTICS OF THE CRISIS OF AIDS WITHIN THE HOMOSEXUAL CONTEXT

An overall characteristic of the AIDS crisis is that medical science initially identified the illness primarily in gay men. Etiological factors to date show that transmission is dependent on the type, nature, and frequency of sexual intimacy. Recipient anal intercourse is the primary danger. Sub-clinical infections, exposure to sexually transmitted diseases (herpes, syphilis, gonorrhoea, etc) as well as a multiplicity of sexual partners give rise to clinical

concern as well. These facts, exposed by the medical fraternity, must be related to the idiosyncratic features of the gay collective. Joseph and colleagues (1984) identify the fundamental importance of moral and medical attacks on homosexuality from a historical perspective. Thus the onset of the crisis was recognised or interpreted as the re-emergence of social homophobia.

Crisis and distress are related (Hoff, 1978). Distress, in the case of AIDS, as manifested in terms of behavioural and psychological signals, is characterized (and heightened) by the following:

- * Precursors of the syndrome such as weight loss, fatigue, recurring night sweats, skin rashes, common-cold-like symptoms, and diarrhoea are common.
- * Sexual activities have been identified as a major transmission factor, causing anxiety and panic in dealing with the variable aspects of sexual behaviour.
- * Fear or distaste of safer sex practices, such as the use of a condom, and deliberate attempts to avoid body fluids, induce anxiety about "spontaneous" sex interplay, which is consequently inhibited.

* Role ascriptions of so-called "passive" and "active" sexual behaviours have become less rigid over the last decade or so, and have made way for a healthy negotiation of intimacy. This has led to hesitancy and a reluctance to identify and deal with these issues in a contractual way. Assumptions about sexual style or preference can no longer be taken for granted. Homosexual persons may have difficulty in dealing with the issue of sex-role negotiation, particularly when encountering new and unfamiliar contacts. Attacks on libertine behaviour, associated with norms of permissiveness, raise more fundamental issues about identity, allegiance to the sexual stronghold of the sub-culture, and the persistent desire to maintain links with the sub-culture in order to preserve the continuity of homosexual experiences. The crisis, in effect, is the "double bind". Homosexuals on the one hand are careful not to criticize those known to have multiple sexual partners. On the other hand an element of backlash, displaying bewilderment, withdrawal from gay experiences, or censure, is prominent. Confusion, a principal feature of a state of crisis, co-exists within the arena of sexual expression.

CRISIS INTERVENTION AND AIDS

The reader is urged to read the case study of Robert X (Appendix 1), before embarking upon the ensuing section of this chapter. In line with Chapter 3 which dealt with crisis intervention, the AIDS crisis will be examined according to Golan's five stages. Furthermore, where relevant, extracts pertaining to Robert X will be cited in order to highlight the clinical features of this model. Each stage will include an overview of intervention strategies that may be used by Social Workers and other health care professionals⁽⁷⁾ when confronted with persons with AIDS concerns.

HAZARDOUS EVENT

In crisis parlance, a crisis may be anticipated or unanticipated. The hazard, an integral phase of crisis interpretation, needs to be identified before negotiating any type of assessment or therapeutic regimen. Where AIDS is concerned, the hazard was initially unanticipated, resulting in a period of shock, denial and disbelief. The origin of the hazard -- identification of the presence of the virus -- still forms a threat to the ongoing homeostasis

of the homosexual population. The interpretation of the hazard thus has the following:

1. negotiation of the process of the development of the homosexual identity
2. the actualising of homosexual identity by means of sexual contacts
3. recognition that bodily fluids could contain the virus
4. recognition that unsafe sex practices could jeopardise health
5. the inability to determine the risk variables
6. generalised homophobia.

In Robert's case, the generic AIDS scare, including his response to the historical onset of AIDS, is evident. The time span includes a sense of the immediate together with pertinent retrospective factors. The hazard was experienced in terms of the deluge of reports about AIDS in South Africa from approximately 1983 onwards, the first sufferers of AIDS being reported in Cape Town, during 1985, and the beginnings of the manifestation of physical symptoms akin to the ARC profile.

INTERVENTION CONSIDERATIONS

The hazard, alongside the precipitating factor, is the primary cue to crisis identification. Because of the initially unanticipated nature of the AIDS crisis, those who were infected in the early stages of the crisis respond differently from those, who, taking risk factors into consideration, might have been able to prevent infection. Thus the hazard incorporates levels of envy, anger, and resentment towards a sexual life-style that was ostensibly "safe" before the onset of AIDS. A group dichotomy therefore exists between pre-safe-sex sufferers and post-safer-sex persons⁽⁸⁾. Therapists should go carefully into the time factor and determine a cut-off point in defining the "AIDS era" for those who are experiencing symptoms. Sufferers of the pre-safe-sex era exhibit anger towards the lucky ones, and tend to display a severe "psychological autopsy" of their previous lifestyle. A history of episodes in the individual's past and the ways in which he interprets them, need to be explored so as to assess any "unfinished business" related to homosexual issues.

VULNERABLE STATE

All vulnerable moments have a profile of subjective and internal responses. Known as the "internal dialogue" phase, the individual (or group) weighs up the hazard according to the defence system in operation at the time. Traditionally,

the onset of crisis reduces the defence structure, so that a period of vulnerability and openness to intervention exists. It is clinically important to recognise that the sense of vulnerability vascillates according to internal and external contingencies. In the case of AIDS, the subjective responses to the hazard have a particular profile, identified by Dilley et al (1985), Ferrara (1984), Goulden et al (1984), Joseph and associates (1984), Martin and Vance (1984), Miller (1987), and Millar and Brown (1988) as follows:

- * uncertainty, with pervasive feelings of anger and anxiety surrounding illness and treatment
- * isolation and fears of social abandonment
- * perception of the illness as a retribution syndrome, with overgeneralised feelings of guilt towards homosexuality
- * difference between recently-diagnosed patients and those diagnosed during the first stages of AIDS evaluation; this difference may include:
 - (a) anger and betrayal
 - (b) relentless searching for explanations
 - (c) sadness and depression
 - (d) isolation from families
 - (e) life reviews and an exaggerated sense of unfinished business (Dilley et al, 1985: 84).

In examining the vulnerable state, and heading Golan's (1978) warnings that the phases of crisis identification cannot be isolated, the cue to dealing with this period must include aspects of the precipitant (the realisation of crisis danger) and the realisation that the sense of vulnerability exists in all the stages of crisis identification.

The dilemma experienced during this phase by Robert may be described as the pendulum effect. The vacillation of having a test to determine whether or not the antibody to the virus is present (in the face of a drive by the gay community to be tested), and subsequently discovering HIV symptoms, created a long period of indecision (including the risk to submit to antibody testing). Robert's sense of vulnerability was further exacerbated by his lover being diagnosed as sero-positive -- with symptoms. In this case the sense of vulnerability extended into a longer period than anticipated. As Golan (1978) points out, the extent of the vulnerability provides the person with a level of challenge, danger, opportunity, and imminent loss. This particular profile also includes the element of risk as Chapter 3 made clear. Furthermore both Robert and his lover were so harnessed in fear and danger that there was no likelihood of "opportunity" or "challenge".

INTERVENTION CONSIDERATIONS

All intervention with AIDS/HIV patients, during this phase requires careful consideration of psychological issues (Stulberg and Smith, 1988). These issues have been systematically dealt with by Miller (1987) and are adapted below.

SHOCK:

- * of diagnosis and possible death
- * of loss of hope for good news (particularly in respect of a cure).

FEAR AND ANXIETY:

- * of the uncertain prognosis and course of the illness (this is specifically related to the complex set of symptoms experienced by AIDS sufferers)
- * of disfigurement and disability
- * of effects of medication and treatment
- * of isolation, abandonment, and social/sexual rejection
- * of infecting others and being infected by them
- * of the lover's ability to cope
- * of loss of cognitive, physical, social, and work abilities.

DEPRESSION:

- * over the "inevitability" of physical decline, and loss of body image
- * over absence of a cure
- * of the virus controlling future life
- * over limits imposed by ill-health, and possible social, occupational, emotional, and sexual rejection because of self-blame and recrimination for having been vulnerable to infection in the first place.

ANGER AND FRUSTRATION:

- * over inability to overcome the virus
- * over new and involuntary health and lifestyle restrictions
- * at being "caught out" over the uncertainty of the future.

GUILT:

- * over past "misdemeanours", resulting in "illness punishment"
- * over possibly having spread infection to others
- * over being homosexual or a drug user.

OBSESSIVE DISORDERS:

- * relentless searching for new diagnostic evidence and for bodily symptoms
- * faddism over health and diet
- * preoccupations with death and decline, and with the avoidance of new infections (Miller, 1987: 1673).

Miller's profile, in effect, captures the crisis proportions of AIDS. In the vulnerable state, these proportions become amplified, especially where risk, anticipated gain, and opportunity for hope are concerned. Holland and Tross (1987), Rosenbaum and Beebe (1975), and Hoff (1978), link aspects of the sense of vulnerability with a sense of collective loss. The loss of personal coping ability, coupled with other state or object losses, becomes a "life predicament". The life-threatening aspect of AIDS "leads naturally to the idea that crisis strikes not just a single individual but a unit of interacting individuals" (Rosenbaum and Beebe, 1975: 12).

AIDS has been linked with sexual behaviour (Kingsley et al, 1987), and in particular to homosexuality. It is however vital to separate sexual behaviour from homosexual experience, which includes cerebral, fantasy, and ideological manifestations of behaviour. The sense that homosexuals have of their vulnerability may be distorted according to rumour and sensation and have no direct bearing

on the present position of the individual. Facts must be separated from generalised fantasy. The vulnerable stage in crisis gives immediate access in terms of time to hidden fears, and accumulated or unresolved life agenda. In fact the vulnerable stage might be the precursor of other issues, and not AIDS itself, as the following case vignette from the writer's files shows.

On the recommendation of a physician, a couple who both registered HIV sero-positive sought counselling from the writer. Both men were in their mid-thirties, and had been together as lovers for over three years. Two sessions were used to examine their emotional fears and anxieties about AIDS. The safe therapeutic platform provided relief for both in being able to express their emotions. When, however, the issue of intimacy arose, particularly in respect of crying behaviour and responding in a caring fashion, both persons acknowledged that they were unable to cry openly in the company of the other. When the writer opened up a new avenue of intimate expression, in the context of sadness, the sense of AIDS vulnerability was replaced with a new set of vulnerable feelings. Intimate patterns of expression that had hitherto been taken for granted in the relationship now appeared renegotiable. Upon further exploration, it was discovered that both had stereotypical fantasies of how a "man" ought to behave.

INTERVENTION CONSIDERATIONS

Vulnerability induced by AIDS can transcend the immediate fears of debilitation into the wider arena of interpersonal relationships. The hidden opportunity factor has a potential of gain otherwise overshadowed by persistent obsessions with the illness syndrome. Therefore, in treatment, the need to defuse the recurring tension about AIDS must be accompanied by the need to deal with intimate

factors confronting the individual(s) in the context of their socio-ecosystem. The case vignette above also demonstrates that vulnerability is seldom caused by a single factor on its own. A clinician will have to identify a number of features that govern the ongoing sense of vulnerability.

THE PRECIPITATING FACTOR

Besides being the most important diagnostic clue to the crisis profile, the precipitant (which induces recognition of a state of crisis) normally motivates the person to seek help. The precipitant identifies the "lowest ebb period" and forms part of the challenge or risk profile discussed in Chapter 3.

An AIDS crisis might be precipitated by a single hazard or a collection of hazards. These might include the onset of symptoms, a positive response to HIV antibody testing (Helquist, 1987), legislation dealing with infectious diseases, a newspaper report, the loss of a lover, or the witnessing of others who are afflicted with the illness.

In respect of the collection of hazards, the precipitant might unleash collected behavioural and psychological responses. Part of this syndrome has been described by Rosenbaum and Beebe as a response to an ecostrain. The precipitant might be induced by a ripple effect in a long

wave of strain that has been triggered by a major shift in the functioning of a group or system (Rosenbaum and Beebe, 1975: 38). Hence the dispensing of safer sex kits by the local chapter of GASA (60-10) in Cape Town -- to the clubs and bar -- could precipitate a response in an individual (or group) to the seriousness of the broader parameters of the AIDS crisis. "Crisis is news of a difference affecting the patterns of relationships within an ecological group" say Rosenbaum and Beebe (ibid: 14). Therefore the diagnostic and treatment implications of the precipitant must be dealt within Hollis's famous context of "the person, the problem, and the situation" (Hollis and Woods, 1983). Like the hazard and the vulnerable stage, the precipitating factor(s) can be linked to previous episodes, and not just to the issue that has enabled the person (or group) to identify the source of pain.

The precipitating factor in Robert's case included the ARC symptoms experienced by both him and Peter (his lover), and the onset of AIDS in Peter culminating in hospitalisation and eventual death. A further precipitant, which led to Robert's crisis was the fact that he was away when Peter died. Thus the precipitant was not confined to just the advent of AIDS, but included a circumstantial (ie external) event as well.

INTERVENTION CONSIDERATIONS

A major treatment objective is to allow the person to re-experience the peak of tension in the crisis. Equated to Zimbler and Barling's (1975) critical stage theory, the precipitant gives access to immediate problems, and helps identify specific parameters of stress. Expectations about outcome should be avoided during this period, for they can detract from the immediacy of the situation. The person must be given the opportunity to ventilate freely within the parameters of controlled catharsis (Rosenbaum and Beebe, 1975; Kadushin, 1983).

This period facilitates the person's sense of urgency by helping to partialise, focus, and capture the salient features of the crisis. Because of the influence of AIDS on the homosexual ecosystem, each person will experience the precipitant differentially. Intervention protocols therefore should assess the following:

- (a) severity of stress factors, including suicidal ideation, or damage to self and others
- (b) identification of the precipitant with reference to the person's social system
- (c) a clinical overview of the current defence profile, with possible access to previous coping strengths

- (d) the person's internal frame of reference vis-à-vis his understanding of the dilemma
- (e) the ability to deal with AIDS panic
- (f) the validity of the precipitant.

Referring to (f) above, as the literature makes clear, the presenting issue might not reflect the real problem. The presentation of any feature of AIDS as the primary precipitant might in fact mask the serious deliberations of identity development, relationship difficulties, and depression. This particular point has implications for the "coming-out syndrome". Recent clinical experience has indicated that within the therapeutic milieu, it is often safer to talk about AIDS than to deal with the coming-out process. Therapists need to be aware of this deflecting pattern of responses by some clients. Hence the AIDS profile as a conscious defence (as mentioned earlier on in this chapter) might surface during this period, and act as a barrier in dealing with other issues.

During this phase, the therapist needs to draw attention to the parameters and/or guidelines for safer sex practices and gently pursue the client's attitude and response to safer sex objectives.

THE STATE OF ACTIVE CRISIS

This period basically addresses panic, disease, personal and social loss, as well as the implications of disfigurement and death. The state of active crisis has definite symptoms, and features of psycho-social deterioration are obvious. Areas of anxious intropunitiveness are evident, including self-condemnation, minimal lack of insight, apprehension about the future, and generalised anxiety. The active crisis is normally a fluctuating process, unlike the set period of time described in books on crisis intervention. The reason for this clinical idiosyncrasy lies in the differing experiences of immediate loss and accumulated loss. This is explained in terms of the buffering components of AIDS and the INTRUSION of new sets of hazards and precipitants onto the overall crisis stage. For example, an individual might be in crisis because of the death of a lover. A new hazard intrudes upon this individual when he discovers he is HIV positive. His response (vulnerable state) to this fact is compounded by the death of a friend (lover), coupled with guilt and the fear of contagion in respect of future relationships. Active crisis is never separate from the preceding stages of crisis identification, and is inevitably influenced by emerging internal and external stress factors. This period might be aptly described as a period of "bereavement overload", and according to Holland and Tross is fraught

with recurring suicidal thoughts as a means of possibly avoiding the intolerable consequences of the progression of the disease. They urge clinicians to note that accumulated loss factors, exacerbated by anticipated loss, leads to expression of suicidal ideation -- to a far greater extent than in cancer patients (Holland and Tross, 1987: 49).

The death of Peter and Robert's physical and mental (emotional) deterioration placed him in a state of active crisis. This period according to Zimbler and Barling (1975) includes the critical phase of crisis resolution -- particularly relating to depression or depressed behaviour. Because depression incorporates the lost individual (or object), the anger towards the lost object is turned inwards and results in ingested anger, guilt, and self reproach. The critical phase within the crisis experience undergone by Robert has a cumulative toll. The loss of a lover, the loss of a relationship, hospitalisation, and loss of independence -- coupled with the loss of employment -- is superseded by the recurrence of AIDS fantasies. Thus the anticipation of gain through challenge is lost as well. As Zimbler succinctly states:

Constituting depression as such, out of the suppression of feelings, leads to a view of depression not as a feeling in itself, but as the pursuit of a state of non-feeling. In this sense it does not present a picture of the crisis state, but rather, it suggests the avoidance thereof. The rather radical implication of this dialectic is that the act of clinical diagnosis

of depression facilitates dependency on the part of the client, and forestalls the client's own tendency for self-regulation and his potential for crisis resolution ... thus begins the vicious spiral of descent to deeper levels of depression and more profound helplessness.

(Zimbler, 1981: 780)

The dilemma of Robert's state of active crisis, besides the experiencing of severe depressed feelings -- in particular the relationship to the lost object -- is that the crisis is experienced as multi-factorial. In accordance with the protocols of RISK described in Chapter 3, part of the meta-crisis experienced by Robert was the exposure of his homosexual world, (otherwise an area executed AT HIS OWN CHOICE) to a heterosexual world which he perceived as apparently hostile. Information needed by medical staff, etc was denied access by him for fear of "punishment".

INTERVENTION CONSIDERATIONS

The overall therapeutic task is to recognise the multifactorial implications of the crisis stage (Slaikeu, 1984). The intervenor will have to deal with crisis defusion at different levels, and in each therapy session to deal with all the patient's major problems in serialised fashion. By this is meant that the main problems should each receive attention with an equal sense of priority, so that the client does not feel that one or more problems may conveniently be forgotten. This may be likened to the script of a radio or television serial where each set of

characters have a role to play in each episode of the serial.

The stage of active crisis is a potential platform for emotional flooding. This period incorporates both past, present, and future material. The intervenor must be able to deal with the physical, sexual, self-esteem, and state and object losses while at the same time reinstating a sense of homeostasis (Nichols, 1985). An active crisis, if it leads to therapy, will in due course result in relief and then hope, thus beginning the last stage, ie reintegration.

THE STAGE OF REINTEGRATION

This period usually flows from a process of treatment and recovery. In the context of AIDS, it is dealt with through the process of acquiring levels of acceptance and dealing with adjustment. The time span linked to this phase reflects both the present and projected future.

Reintegration, hope, and cure are part of Robert's adjustment phase. However this period is continuously contaminated with further crises manifesting themselves. Alongside the notion of being able to relinquish the lost object, and so make place for anticipated gain, Robert has been thus far unable to relinquish certain aspects of his lost lover. Clothes, photographs, pillows, etc constantly re-evoke his period with Peter. In other words his memory

of Peter symbolically perpetuates the state of ongoing crisis. Coupled with this is his ability to reflect on how the relationship ought to have been. The reintegration phase, paradoxically, is submerged under the fantasy anticipation of correcting a relationship that during its nesting period did not fulfil his expectations. A phantom relationship with a deceased object co-incides with the reality of his present predicament. This last stage (reintegration) is beset with external realities which include his receiving a disability grant, food parcels, and the gradual detachment of certain friends. Furthermore, physical debilitation and the confusing desires of hope mingled with a feeling to terminate living exist. Therefore reintegration, in Robert's case, is far from complete and vacillates between relapse into crisis and periods of self-acceptance.

INTERVENTION CONSIDERATIONS

The intervenor, during this phase or period, must be able to distinguish clearly between the complexity of the AIDS-related clinical symptoms and the person's current reality base. As stated previously, the period of reintegration is dependent upon both the present and projected future aspirations of the client.

In the first instance, the intervenor, in order to determine the current reality base, must pay attention to the following variables:

- (a) has the diagnosis been clinically confirmed?
- (b) has the diagnosis changed? (it is not uncommon for a person to be diagnosed as "fully blown" but subsequently to revert to the ARC period)
- (c) is the person being treated as a "fully blown" AIDS patient, an ARC sufferer, an anti-body positive with/or without symptoms? or
- (d) as a "worried well" person?

Secondly, different strategies for the "integration period" are required by the intervenor which are subsequently related to the accurate assessment of the above-mentioned variables.

Clearly, an AIDS sufferer with full-blown AIDS will experience reintegration along the lines expounded by Kubler-Ross. Dealing with death and dying is a focal point during the terminal phases of AIDS, and in this regard Deuchar (1984) supports Kubler-Ross's theoretical application to the stages of dying -- in addition noting that the essential aspects of consistent care, reality-based information, of treatment compliance patterns, pain relief, and dealing realistically with the fluctuation and abandoning of hope are essential.

In this regard, the writer notes with concern the looseness of the term AIDS as used by both health-care workers and clients alike. The ultimate collapse of the immune system as a result of the AIDS virus does not always necessitate the clinical label of AIDS. AIDS does not kill. Opportunistic infections, the like of which include protozoal infections such as pneumocystis carinii; viral infections such as cytomegalo virus, bacterial infections related to tuberculosis, and fungal infections such as candidiasis as well as cancer (Kaposi's Sarcoma) lead to the collapse of the immune system resulting in death from opportunistic infections (which, however, are rendered deadly because of the interference of the AIDS virus with the body's own defences).

The implications of the above in respect of applying the principles of reintegration necessitate individualised assessment of the preceding four stages based on a solid clinical inquiry. This requires direct confirmation of the person's medical and immune status which needs to be checked and reconfirmed at regular intervals. Thus the idiosyncratic features of the reintegration phase within the crisis framework in the context of AIDS should be dealt as follows:

1. No one clinician may "own" a patient. Teamwork is essential. This allows the person to be treated

holistically and, in consequence thereof dependency needs can be dealt with. Transference/counter-transference features are therefore placed in context.

2. Reintegration in the context of full-blown AIDS has a definite termination pattern linked to it. Unlike HIV antibody positive or ARC, which has an ongoing and fluctuating "life span", terminal AIDS, according to Perry and Markowitz (1986), should be strategically dealt with and noted as a terminal disorder.

In conclusion, in drawing the main threads from the foregoing chapter together, the writer together with Knobel (1986) emphasises that intervention is incomplete without the attendant fundamentals of education and prevention. Whilst this thesis does not overtly address education and prevention strategies, inter alia safer sex campaigns, HIV antibody testing and primary, secondary and tertiary-community education, the link between intervention and prevention-education must not be underestimated. Effective education will be jeopardised by ineffectual care strategies (Pegge, 1988a).

The crisis of AIDS, both at the micro (individual) and macro (community-society) level can be dealt with by applying crisis principles. In particular, an element of danger and threat co-exist, with the apparent inability to perceive a

realistic outcome of hope. In addition, an overwhelming feeling of loss or impending loss is evident. The accrual of such loss deflects from the natural consequences of mourning and individuals (as well as groups or communities) are liable to become fixated at the loss level. All crises, be they micro or macro, have an identifiable and causative precipitant which facilitates access to both conscious and unconscious material. In the area of hope, the crisis of AIDS precipitates other human endeavours such as networking, relationship building, and self-help groups which have previously been taken for granted, but consequently surface during the period of crisis resolution.

NOTES

1. This thesis addresses the impact of AIDS on the homosexual collective only. Whilst criticism may be leveled against the writer for a somewhat parochial stance, the enormity of addressing "heterosexual AIDS", the notion of "African AIDS", and the socio-political implications of apartheid which provides inter alia for separate health care facilities and for racially defined groups, is beyond the scope and mandate of this research. However, the assumptions and principles of crisis transcend all barriers and may be applied to any situation when applied with professional circumspection.
2. Social workers are warned against comparing AIDS with other illnesses or disasters. The comparisons which are made between AIDS and other illnesses (including TB and cancer), detract from the immediacy of the concern and minimise the consequences of the illness. Ignorance or defensive behaviour (often of homophobic origin) is more damaging (in a symbolic sense) than the AIDS virus itself.
3. See, for example a definitive study on sexual behaviour in the mines by T Dunbar Moodie, entitled: "Migrancy and Male Sexuality on the South African Gold Mines", *Journal of Southern African Studies*, 14 (2), 1988: 228-256. In essence, Moodie refers to "mine marriages", socialisation patterns in respect of subordinate sexual relations, "love" relationships, and incidence of "marriages" and liaisons.
4. Meyer notes that clients suffering from considerable pressure of denied and/or suppressed anger can be easily stimulated to overburdening levels of rage. Such intense effects are typically accompanied by fear, panic and, ultimately -- a sense of annihilation. Meyer, Willams S: "On the mishandling of 'anger' in psychotherapy", *Clinical Social Work Journal*, 16 (4), 1988: 406-417.
5. As a result of heterosexual anger or panic, some people use the term "culture" as a means to avoid the issue. In some instances, culture refers to black culture, heterosexual culture, or the culture of monogamy. The writer warns against such protests of "cultural immunity" and once again stresses the fact that the virus knows no boundaries with regard to race, sex, culture, ideology, and society.

6. This perturbing feature was reported to the writer by the manager of the particular steambath.
7. The term social worker, intervenor, therapist, clinician and health care worker are used interchangeably by the writer.
8. For details pertaining to safer sex guidelines, refer to the **AIDS Procedure and Information Manual**, published by GASA 60-10 (Cape Town). This publication was based on **AIDS Update** (1988), and due to be published in 1989 by GASA 60-10 Cape Town. The author is John Pegge in association with S Miller, G J Knobel and G Isaacs. The reader is specifically referred to page 13.

CHAPTER 6

THE DEVELOPMENT OF THE FORMAL GAY MOVEMENT IN SOUTH AFRICA

AN INTERNATIONAL PERSPECTIVE

The second half of the Nineteenth Century saw the rise of the first formal homosexual movement. In Germany, the work of Karl Ulrich and the subsequent foundation of the Scientific Humanitarian Committee in 1897 were the precursors to gay liberation attempts in Holland, Austria, the USA, Soviet Russia and England (Mieli, 1980). In other countries, although not by means of formal organisations, attempts to secure the human rights of homosexuals were made. For the first time, cultural and political personalities exposed problems and concerns almost as acts of open defiance. John Addington Symonds wrote in 1891:

We maintain that we have the right to exist after the fashion which nature made us. And if we cannot alter your laws, we shall go on breaking them. You may condemn us to infamy, exile and prison -- as you formerly burned witches. You may degrade our emotional instincts and drive us into vice and misery. But you will not eradicate inverted sexuality.

(Symonds quoted in Fone, 1980: 1)

A literary trend emerged that sponsored human as well as sexual rights. The championing of such rights was

reflected, inter alia, in the works of Carpenter, Benkert, Havelock Ellis, Symmonds, Ulrich, and Wilde⁽¹⁾.

Three clear phases in the history of homosexuality are discernible. The first phase, incorporating the works of the above-mentioned writers, attempted to demonstrate the trans-historical existence and value of homosexuality as a distinct sexual experience, particularly within the framework of literary culture.

The second phase identified the scientific revival from a sociological perspective. Authors such as Ford and Beach, Kinsey and associates, and Hooker set out to comment on the values, traditions, and public attitudes covering the homosexual experience.

The third phase, overlapping with the second, but more vocal and linked to activism (rather than a sense of the esoteric) can be perceived as an attempt to:

- (a) recapture and reassert positive values of homosexuality
- (b) re-examine research
- (c) locate the sources of social oppression (Weeks, 1981: 77-78)
- (d) examine fundamental human rights.

The early homosexual rights movements however experienced severe setbacks in the 1930's. The onslaught of Nazism, Stalinism, Fascism and the ravages of World War II had wiped out virtually all trace of the first wave of gay liberation. What was left in the wake was a collection of penal codes that, under the umbrella of "social perils", secured a stranglehold over homosexuals. Postwar legislation in most countries, with the exception of Holland and Japan (Mieli, 1980) was notoriously forbidding. In Western countries penalties for homosexual law infringements ranged from one year minimum to life imprisonment. In the last decade or so, however, there has been a general relaxing of legal tensions, although the current legal position of homosexuals continues to differ from one Western country to another⁽²⁾.

In America, where legislation differs from state to state, the introduction of several pro-homosexual statutes has been achieved by the National Gay Task Force (NGTF) -- the largest and most well established of three major homosexual movements in that country (Rueda, 1982). Perhaps the most noteworthy example is the pressure the NGTF exerted over the American Psychiatric Association to remove homosexuality from its list of mental illnesses. The National Gay Task Force is one of the major affiliates of the International Gay Association founded in Coventry, England during 1978. Currently 21 nations are represented in IGA, which includes as "associate" members 15 other countries including South Africa. According to Rueda (1982), the IGA's activities are

directed toward cooperation with the World Council of Churches (support for homosexual rights); Amnesty International (status for homosexuals in jail as "prisoners of conscience"); the World Health Organisation ("deletion of homosexuality from its list of diseases and mental defects") and other international bodies (Rueda, 1982: 155-156). However the IGA has not granted full membership to the Gay Association of South Africa because of the worldwide boycott and sanctions against the South African apartheid regime.

The emergence of gay people as a force in America, parts of Europe, and Britain is based on gay political activity. Writers such as Marotta (1981), Gearhart (1981), Jay and Young (1972 and 1978), Park (1981), Richmond and Noguera, (1979), Weeks (1977), and the Gay Left Collective (1980), examine homosexual politics from a variety of perspectives. The term "homosexual politics" is an umbrella phrase embracing the following:

- (a) gay liberation movements
- (b) homophile organisations promoting homosexual needs
- (c) lesbian feminist movements
- (d) radical gay activism
- (e) liberation politics, including civil rights
- (f) gay task forces.

These are the offshoots of the pioneering political reformers who maintained that "calculated political

manoeuvring was needed to pass gay rights legislation" (Marotta, 1981: 224). The tide of gay liberation or political activism, under whatever operational premise, has one particular mandate: to decriminalise homosexuality and remove the "half-caste" status that has beleaguered homosexuals for centuries. From the beginning the pursuit of gay rights was meant to persuade homosexuals that they had a right to their feelings, and that they could band together and make serious political moves when that right was threatened.

It should be pointed out that, although many countries have legalised homosexual behaviour between consenting adults, research reveals that a diverse range of homophobic attitudes towards homosexuality remains. A major study by Weinberg and Williams (1974), examining three contemporary societies (Denmark, Holland, and the United States), reported that, despite favourable official attitudes towards homosexuality, there is an overall lack of social acceptance (Weinberg and Williams, 1974: 86). A more recent study conducted in South Africa, under the auspices of the Human Sciences Research Council revealed an overwhelming homophobic attitude from the white respondents. Over 70% thought that homosexuality should not be legalised between consenting adults (Glanz, 1987: 1).

The history of gay liberation, the formation of international gay groups, and the advent of the second wave

of homosexual liberation in the United States, have been described both in popular journals and a multitude of writings (Bullouch, 1979; Denny et al, 1984; Greenberg and Bystry, 1984; Jay and Young, 1978; Katz, 1976; Rueda, 1982; and Humphreys, 1972). Such publications received their impetus from the second wave of liberation attempts that had as their origin the famous Stonewall riots in New York during the summer of 1969. Bell captures the spirit of this period as follows: "The sixties were conception years, prelude to the seventies. As such they were necessary. As a free gay man, I was really born in 1970" (Bell, 1984: 29). Bell, in effect, is referring to the symbolic coming-out status experienced by gay persons. It is this very notion of "legal freedom" which gives rise to a more consolidated homosexual identity. This feature is noticeably absent in South Africa, and thus the formation of a gay identity as dealt with in preceeding chapters of the present work is never a completed process. It continues to be hampered by the absence of legal rights or, as discussed in Chapter 1, the impending threat of a Commission of Inquiry advocating more stringent penalties for homosexual persons.

The aftermaths of the Stonewall riots, followed later by liberation efforts in Australia, Britain, and Europe, have been documented in fine detail in many publications and journals. For the information of the interested reader, the writer has included a diverse and scholarly range of such writings in the notes at the end of this chapter⁽³⁾.

GAY "LIBERATION" IN SOUTH AFRICA

Laud Humphreys, highlighting the debate about gay emancipation, says:

Social oppression, at least as directed against those who reveal a preference for their own sex, takes three basic forms: legal-physical, in which certain behaviour common to the stigmatised group is proscribed under threat of physical abuse or containment; occupational-financial, limiting the options for employment and financial gain for those stigmatised; and ego-destructive, by which the individual is made to feel morally inferior, self-hatred is encouraged, and a sense of valid identity is inhibited.

(Humphreys, 1972: 9)

Before the various attempts at initiating, developing, and maintaining a semblance of gay liberation in South Africa may be evaluated, the writer will provide a brief overview of some of the main features determining the mosaic of South African society⁽⁴⁾ -- in an attempt to locate the position of homosexuals within this structure. Thereafter, the legal position of gay persons will be discussed.

It is Kotze (1975), who cogently argues that any gay organisation must be influenced by the structure of the parent society. Diversity within the gay sub-culture reflects similar fragmentation within the said primary culture.

Political, social and economic segregation of the races within South Africa existed for many decades before the Nationalist Party came into power in 1948. However, the inauguration of apartheid entailed an elimination of anomalies (for example, preventing blacks from taking on skilled labour positions in mines, or owning land in specific areas) and consolidated the position of disenfranchised blacks, "coloureds" and Indians in a stratified and racially segregated society. This reality, enveloping all aspects of South African society, emphasises the racial and cultural differences between people. Thus McKendrick (1987b) specifies the divisive structures (based on political ideology) of the population by noting that there are thirteen "nations": the whites, "coloured" persons, Indians, and ten different black nations, if the so-called independent and self-governing national states⁽⁵⁾ are to be included (McKendrick, 1987b: 20).

South Africa (including the homelands and self-governing states) has a population of about 34 million. Its internal policies, underpinned by Statute, in combination with racial prejudice, are based upon the classification of its population on racial grounds. In 1948, the Nationalist Party in South Africa gained power by a small majority. The word apartheid (or separate development) was born, and reflects the domestic policies of the present South African

Government. The definition of "apartheid" as Savage says, is:

a system of minority domination over statutorily defined colour groups on a territorial, residential, political, social and economic basis. It embodies structured inequalities which support and favour particular classes and groups of people at the expense of others.

(Savage, 1986: 3)

In the context of apartheid, four major racial groups are officially recognised. This is based on ethnic differences on the assumption that people form communities that "possess permanent elements of 'culture' that cannot and should not be eroded" (Lowe, 1988: 21). These four racial groups (including the homelands) are:

ASIANS	representing about	1 million people
BLACKS	representing about	25 million people
COLOURED	representing about	3 million people
WHITES	representing about	5 million people

Source: Wilson and Ramphela, 1989: 23, quoting Eberstadt, 1988

Apartheid legislation, including a tightening up of legislation on segregation, influx control, separate amenities, prohibition of mixed marriages, etc, was enacted at different times since 1948, along with security laws empowering the Government to keep under surveillance, prosecute, or detain without trial any person(s) opposed to its rule. Some of this legislation includes the updated Black Land Act (1913) specifying "homeland" areas reserved

exclusively for occupation and tenure of blacks, the Population Registration Act (1950), requiring classification into racial categories and the Group Areas Act (1950), specifying the geographical areas outside the national states in which racial groups may reside, own or rent property or work (Lowe, 1988).

In trying to redress the disenfranchised position of people of colour with particular reference to their right to vote for a government of their choice, the Republic of South Africa Constitution Act, 1983 created a tricameral parliament with three houses; one for whites (House of Assembly); one for "coloureds" (House of Representatives) and one for Indians (House of Delegates). McKendrick draws attention to the differential notion of government à propos legislation relating to "common affairs" (eg the budget on defence matters), and "own affairs" which relate to matters which specifically affect a particular population group in relation to the maintenance of its identity, and the upholding and furtherance of its way of life, culture, traditions and customs (McKendrick, 1987b: 20-21).

A striking feature of this new dispensation is its failure to offer blacks any meaningful political role. Of particular importance are the discrepancies -- in respect of racial divisions -- in welfare policy, education, health-care provisions and housing. This constitutional anomaly has compounded the apartheid regime and has been expertly

addressed by Savage, who spells out the iniquitous costs of apartheid especially the human cost, which is to be viewed and experienced within the daily fabric of South African life (Savage, 1986: 4).

A class division based on race has been artificially created by statute. Within a culturally heterogeneous society, various groups of persons co-exist with their own *morés* and customs and diverse backgrounds: indigenous blacks, with a rich history of tribal affiliations; intercontinental whites, with a background of Anglo-French-Dutch heritage; Indians who came to South Africa on indentured labour plans; and "coloureds" who have a variant of the "white" culture. All are comprised of distinct ethnic, traditional, language, and religious affiliations, and may be divided into smaller parochial groupings such as the "Cape Coloureds". In addition, immigrants in large numbers, including Portuguese, European Jews, Anglo-Saxons and Greeks, add to the cultural diversity of the South African population.

The interaction between cultural, social and political groups in South Africa has to be viewed against the backdrop of certain minority or majority group affiliations. In this regard, Afrikaner white identity is of paramount importance. Based on a strong tradition of fundamentalist religious principles, the content of Afrikaner nationalism has been summarised as containing three major elements: sacred history, civil theology and civil ritual (Lowe, quoting

Dunbar Moodie, 1988: 37). The most powerful Afrikaans church (the Nederduits-Gereformeerde Kerk: NGK) had a following of nearly 40% of the total white population (Buis, 1979: 102). Of relevance to this group is that the dogmatic aspects of the Dutch Reformed Church's teachings convey a certain attitude towards blacks and other persons of colour. This attitude differs radically from other Christian beliefs, and expounds that "Ethnic diversity is in agreement with God's will" (Buis, 1979: 105). Villa-Vicencio refers to this as a "prescribed state religion", and qualifies this by saying that "Afrikaners applied themselves with a sense of urgency to build a nation with divine purpose and mission" (Villa-Vicencio, 1988: 139). It is appropriate to note as well, that the official policy of the NGK towards homosexuality is that it is a disease "byna patologiese vrees vir die teenoorgestelde geslag", and that it is the duty of the Church to "cure" this "obsessional" behaviour (LAGO in *Exit*, 17, Feb/March 1987: 2).

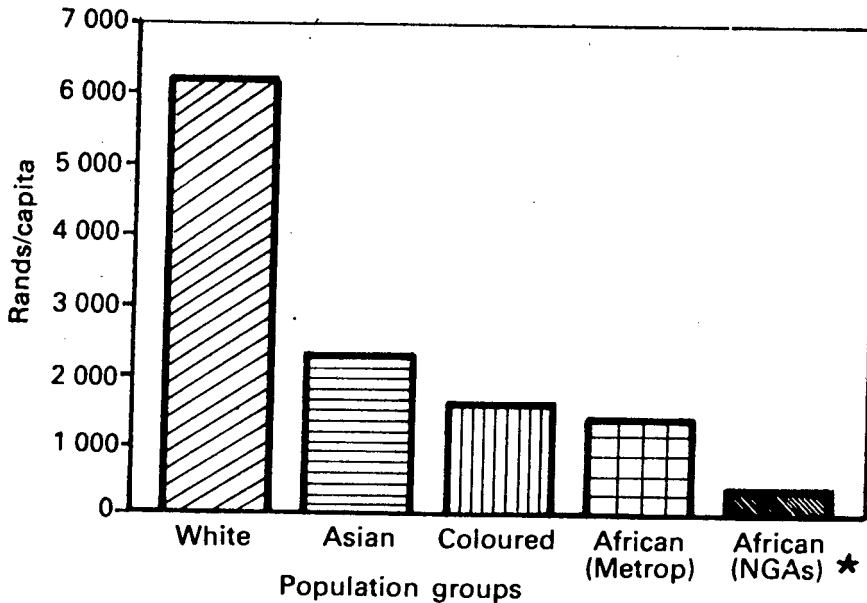
It must be remembered that South Africans are certainly divided by denominational structures, traditions and beliefs. The English-speaking churches, including the Methodists, Anglicans, and Catholics, have, in the past, not been guiltless of expounding religious principles in the context of their social, political, and economic interests (De Gruchy, 1985: 91), but have also been associated with a liberal tradition. Furthermore, two other world religions co-exist, namely, Islam and Judaism, each with unique

interpretation of the social and political issues confronting their congregations⁽⁶⁾. The rise of the Black Independent Churches, such as the Church of Zion, has created another division in the cultural and religious diversities of the South African society. They are historically rooted in African precapitalist social formations, and their members still cling to some African traditions, notably that of ancestor worship, and tribal affiliations (Mosala, 1985: 110).

Finally, this preamble will not be complete without mentioning the economic inequalities that persist in South Africa. The majority of blacks have been historically trapped in rural underdevelopment or the migrant labour system; more recently increasing numbers of them have been making the painful transition to urbanisation. Whites, on the other hand, enjoy comparative affluence; even the poorest of this group have been protected by State-created employment. The differential standard of living within the various statutory population groups is illustrated in the Figure 2, which indicates the estimated real disposable income per person (in 1983), according to group classification.

FIGURE 2

GRAPH DEPICTING ANNUAL DISPOSABLE INCOME PER CAPITA, 1983



* non-growth areas, relating primarily to the reserves.

Source: Wilson and Ramphele, 1989: 20

The homosexual collective in South Africa has no monolithic status with which to counteract the fragmentary nature of society. The apartheid ideology has enforced separate identities

Political, economic, social, cultural, and sexual segregation were cast as divinely ordained, historically vindicated and the foundation of a just and harmonious society. 'Being white' meant being socially and culturally distinct, politically and economically privileged and physically separated from those who were not.

(Sharp, quoting Posel, 1988: 81-82)

We now turn to the legal position of gays in South Africa. In a Paper presented at the First National Gay Convention, held in Johannesburg, during May, 1985, a prominent advocate, in presenting the legal framework of homosexuality, stated:

As a lawyer, it astounds me to read in the standard English language textbook on criminal law (B & H Vol II, 2nd ed, 1982: 267) that the crime in South African law of committing an 'unnatural sexual offence' is constituted by any 'gratification of sexual lust in a manner contrary to the order of nature'. The same textbook (pp 270-271), written in 1982, sums up South African public opinion in this area by stating that it is 'not yet ready ... to accept the abolition of sodomy (and other 'unnatural' acts) as criminal [even] when practised in private between consenting adults.

(Cameron, 1985: 1-2)

South African criminal law consists of common law and statutory law. South African common law is based on past legal practice, Dutch and French writers of the 17th and 18th centuries, and in the last instance on Roman law (Joubert, 1985). The historical precedents to the present statutes dating from 1886 (Cape) and 1898 (Natal) in effect contain similar clauses to present sections of the Criminal Procedure Act of 1979 (as amended) (Joubert, 1985). One of the provisions that still exists is the imposition of a whipping over and above fines and imprisonment for gross indecency between two male persons (Section 293).

"Crimes against morality" can be said to be common law crimes. Two sections of common law in South Africa are relevant (Hunt, 1982: 271-278):

- A. **SODOMY:** Sodomy consists in unlawful and intentional sexual relations per anum between two human males. Ejaculation is not necessary, but there must be penetration of the anus. Without penetration the crime might be that of attempted sodomy. Both the inserter and the insertee are guilty. A boy under 14 years is, however, legally incapable of being the inserter, but in such a case the insertee would be guilty (ie if over the age of 14 years, presumably).
- B. **UNNATURAL OFFENCE:** An unnatural offence consists of the unlawful and intentional commission of an unnatural sexual act by one person with another person or animal. Coercion might remove unlawfulness from the act. If a "natural" sexual act was intended, an offence would not have been committed. Some examples of what is and what is not unnatural in South African Law follow. One male kissing another in circumstances showing lust is probably not an offence. One male touching the organs of another male has been held in court not to be an offence. Mutual masturbation between two males, masturbation of one male by another male, friction of a male's penis between another man's

thighs (intercrural intercourse) or against some part of another male's body have all been held in court to be unnatural offences. Fellatio (oral sex -- also known as oral masturbation) between two males may be criminal, and has been held in a court of law to be an unnatural offence.

The requirements for conviction on the above charges are as follows:

SODOMY

- (i) Unlawfulness
- (ii) intention
- (iii) sexual relations per anum
- (iv) between two male persons.

UNNATURAL SEXUAL OFFENCES

- (i) Unlawfulness (in this respect, this reflects what, in the opinion of the court, runs counter to what public policy would regard as a "natural" sexual act, and what is in accordance with the law)
- (ii) intention
- (iii) proof beyond a reasonable doubt that the act in question was in fact committed.

There are a number of legislative provisions which, in addition to the above mentioned common law offences, are relevant.

THE IMMORALITY ACT NO.23 OF 1957 (AS AMENDED)

1. Section 14 provides that any male person who commits or attempts to commit an immoral or indecent act with a boy under the age of 19 shall be guilty of an offence. The maximum fine is R1000 and/or six years imprisonment, but if both parties were under 19, there is no offence.
2. Section 19 provides that any person who entices, solicits, or importunes in any public place for immoral purposes, or who openly and willfully exhibits himself or herself in an indecent dress or manner at any place visible to the public, or to which the public have access is guilty of an offence. (Maximum fine of R400 and/or imprisonment for 2 years.)
3. Section 20 provides that any person who in public commits any act of indecency with another person, or in any way assists in bringing about the commission by any person of any act of indecency with another person shall be guilty of an offence. (Maximum fine of R400 and/or imprisonment for 2 years.)
4. Section 20(A) provides that acts committed between men at a party and which are calculated to stimulate sexual passion or to give sexual gratification are prohibited.

- 4.1 A male person who commits with another male person at a party any act which is calculated to stimulate sexual passion or to give sexual gratification, shall be guilty of an offence.
- 4.2 For the purposes of ss(1) "a party" means any occasion where more than two persons are present.
- 4.3 The provisions of ss(1) do not derogate from the common law, any other provision of this Act, or a provision of any other law. (The maximum fine is R400 and/or imprisonment for 2 years.)

Joubert (1985) places the interpretation of the law into bitter perspective. Whilst interpretations of the acts have suggested and (correctly) that homosexuality between consenting adults in private is legal (Helm, 1973), Joubert, in respect of the above-mentioned clauses, states:

Tot so ver gelees, sou 'n mens die gevolgtrekking kon maak dat die regsposisie in SA t.o.v. homoseksualiteit eintlik baie verlig is en dat in feite seksuele omgang in privaatheid tussen instemmende volwasse mans nie strafbaar is nie. Die angel sit egter in bepaling [20(A) (3)] van die Wet: 'die bepalings van subartikel(1) doen nie afbreek aan die gemenereg, 'n ander bepaling van hierdie Wet of 'n bepaling van enige ander wet nie.' En die gemenereg maak alle sodomie en 'onnatuurlike' seksuele handeling met ander persone strafbaar. In feite is seksuele verkeer tussen twee mans dus in geen omstandighede in Suid-Afrika wettig nie.

(Joubert, 1985: 40)

The legal paradox that exists thus lies in the interpretation of the law. Certain clarification, however, is offered by Judges Vermooten and Schabert in an appeal case heard in the Witwatersrand Local Division of the Supreme Court (S v C, SA LAW Reports, 1987, (2) 76). The judges over-ruled a magistrate's findings that the appellant was guilty on a charge of engaging in a sexual act (with another person) in a Johannesburg steambath in the presence of others (policemen).

The summary of the judgment reads as follows:

Section 20A of the Immorality Act 23 of 1957 was not designed to prohibit the acts therein contemplated if performed in private. To warrant a conviction under s20A there must be physical presence of a person or persons conscious of the conduct envisaged in the section. Mens rea is an element of the offence on the part of a person indulging in the conduct in question. It would seem that the intention of the legislature, according to the nature, purpose and scope of s20A, is that persons indulging in the conduct therein contemplated are required to do so with due foresight and care as not to impose their behaviour upon others and as not to expose others thereto. They are in a position to determine the time and venue for their intimate actions and they can ensure that they will take place in private. Accordingly, culpa as to the presence of others would provide sufficient proof of mens rea for the purposes of s20A.

The precedent in this particular judgment needs to be addressed. Firstly, according to the judges, the intention of the relevant section in the criminal law is not designed to prohibit sexual acts between consenting adults in private. A further consideration was that the appellant and

partner admitted to persisting with sex-directed conduct in private BEFORE the third person entered. The appellant was therefore not charged with committing a crime based on same sex behaviour (for the reason that a "party" as envisaged in s20A and defined in s20A (2) never came about). Finally, judgment overruled the contention that the legislature's intention in introducing 20A was to stamp out homosexual gatherings. It was intended to prevent the obtrusion of conduct which, from time immemorial, has to many people been profoundly repulsive as depraved and repugnant to nature. The judgment continues:

The fact that the private commission of acts envisaged by 20A(1) does not fall within the prohibition, provides a strong indication, in my view, that the presence of persons was intended to have a mental element. The commission of acts of this kind in the physical presence of persons who are asleep or for some other reason not aware of them (eg owing to darkness or blindness or deafness) occurs for all intents and purposes affecting the latter, in private.

(Vermooten and Schabert,
1987: S v C SA Law Reports (2): 79)

The dilemma which arises from the context of criminal and common law interpretations leads to the legal crisis experienced by homosexuals in South Africa. Whilst homosexual acts in private are, in effect, of no legal consequence, the behaviour associated with homosexual practices, including sodomy, "unnatural" sexual acts including masturbation, and acts designed to promote "homosexual behaviour" are proscribed. It is thus legal to be labelled as a homosexual, but illegal to engage in

homosexual sex practices. This dilemma is supported by the number of prosecutions and convictions in the Courts of Law for such offences. An example of such prosecutions and convictions for sodomy and indecent assault by man on man are reflected for the statistical years 1971 to 1980 as follows:

TABLE 5

**PROSECUTIONS AND CONVICTIONS FOR SODOMY AND INDECENT ASSAULT
BY MAN ON MAN, 1971-1980**

<u>Years</u>	Prosecutions		Convictions	
	Sodomy	Indecent Assault	Sodomy	Indecent Assault
1971	337	89	182	54
1972	307	68	158	35
1973	323	82	178	54
1974	327	74	167	34
1975	323	58	228	38
1976	278	47	200	39
1977	266	37	207	28
1978	289	50	186	31
1979	317	103	226	56
1980	304	109	197	79
<u>Total</u>	3071	717	1929	448

Source: Annual Reports of Criminal Offences (Central Statistical Services: Pretoria, 1982).

Indecent assaults include statutory rape, exhibition in public and police entrapment or agent provocateur activities

The fact that gay (homosexual) conduct is proscribed by both common law and criminal law and that a diversity of convictions have been upheld, ranging from sodomy, infringement of minors, to police raids in gay clubs, creates a general climate in which being gay is considered, inter alia, as "unnatural"⁽⁷⁾. Of more serious consequence is the fact that an aura of criminality is attached to the person and his behaviour. This point underpins the pervading sense of crisis (threat and danger) for the homosexual person, and contributes to part of the internal process of self-oppression and constant lack of self-esteem. Even though a gay person has ostensibly accepted his identity (identity consolidation), the pervading threat of legal process hampers the ability to become a "public" homosexual. This point has been acknowledged in the responses of the majority of the respondents in the present universe, and will be addressed in the chapter dealing with the discussion of findings. It has therefore been assumed that

if acting as is natural for a gay person can bring the criminal law into operation, then merely being gay must also be criminal ... the scene is thus set for guilt, anxiety, inhibition and fear on the part of gay people.

(Cameron, 1985: 1)

Cameron, however, fails to distinguish between common law and criminal law interpretations -- and the fact that the

predominant number of prosecutions and convictions have dealt with the following:

- (a) police entrapment in PUBLIC areas
- (b) sexual behaviour in toilets, etc
- (c) sexual interaction with a male below the statutory age of 19 years
- (d) police harassment in gay clubs and steambaths.

The writer draws specific attention to this point, for seemingly there are contradictions between the interpretation of the law, the implementation of the regulations under the Statute, and the impressions held by homosexuals themselves. There is no doubt that homosexuals in South Africa do not enjoy the freedom of legal expression that their counterparts in some other countries do. Table 5 indicates numbers of prosecutions and convictions, but this does not imply that homosexuals are necessarily harassed by legal sanctions. Men and women have enjoyed homosexual liaisons comfortably in South Africa -- if their behaviour and sexual proclivities have been privately expressed. Since 1961 it has been held that sexual intercourse per anum is not an offence in itself, providing it occurs between male and female parties. In terms of contemporary legal practice it appears that the allowance has tacitly been extended to consenting male adults⁽⁸⁾. Furthermore, in South Africa there are few reported cases of sodomy.

It is accepted in South Africa that "unnatural offences" have been split into three separate crimes: first sodomy, then bestiality, and thirdly a residual group of proscribed unnatural sexual acts referred to generally as "unnatural offences".

The situation of legal ambiguity has meant that, homosexuals have come to believe that their behaviour warrants criminal sanctions, thus they have learned to fear the law. An important clinical variable emerges from this, and is linked with the intermediate phases of identity development and crisis. This variable consists of the fact that homosexual internal oppression, linked to a long-term process of minimal self-esteem, has as its basis a residual anger directed towards the legal system. This anger blocks free expression of identity constructs, such as spontaneous expression of love, ability to share intimacy with family and friends, and the ability and security to be a politically viable person in the context of oppression. Thus a conscious defence exists, often blocking the sensations of same-sex bonding. Anderson (1982) as well as Hodges and Hutter (1974) examine this concept of internalised self-oppression. Hodges and Hutter remark as follows:

We have been taught to hate ourselves -- and how thoroughly we have learnt the lesson. Some gays deliberately keep away from teaching lest they be a corrupting influence. Others, except for brief,

furtive sexual encounters, consciously avoid the company of gay people because they cannot bear to see a reflection of their own homosexuality.

(Hodges and Hutter, 1974: 2)

This process, after due reinforcement from the sub-culture, for example by referring to the police in pejorative jargon (ie "Priscilla"), becomes part of the well-established sub-cultural fear and anger towards legal authorities. By contrast, homosexuals in some European countries, parts of Northern America, and Australia, have long surmounted the fight for basic legal recognition. Issues such as homosexual marriages, tax rights, single and same-sex parent child custody cases, job discrimination, lowering of consenting age to well below that of 18 years and political issues are priorities on the agenda of homosexual movements and alliances. This creates a form of envy; some homosexuals in South Africa feel impotent to effect change in comparison with their overseas counterparts.

With respect to South Africa, Helm draws attention to the differences between legal enactment and legal enforcement. She states:

In the processes intermediate between the report or observance of a criminal act and the bestowal of the legal status of criminal upon the actor, the police play a most important role. This role depends upon at least:

- (i) the individual officer's attitudes and interpretations of his role

(ii) the varying pressures which the community from time to time exerts on the police 'to do something' about the 'homosexual problem'

(iii) the organisation of the police department.

(Helm, 1973: 10)

Upholding Helm's statement, information received from the Attorney General's Office in Cape Town indicates that, since 1972, no case of sodomy between consenting adults in private has been prosecuted, and it is not policy to do so. In concert with the Attorney General's Office, both the Cape Town Regional Magistrate's Court and the Wynberg District Magistrates Court have no records of any prosecutions of consenting adults in private. The policy of the Attorney General's office is followed in this regard⁽⁹⁾.

Rueda (1982) and Babuscio (1976) provide illustrations of how police interpretations of community condemnation of the homosexual increases the likelihood of arrest and/or harassment. Similarly, in South Africa, waves of arrests and swoops on gay people and institutions have been reflected in the role of the officer in charge of the vice squad, as opposed to the mobilisation of community displeasure. This was the case in Durban (Natal) during the late seventies and early eighties when a police officer "cleaned" the city of homosexual clubs, bars, and cruising spots. Durban has only recently re-established its network of clubs and other meeting places in the wake of this spate of arrests and harassment.

An equally important profile is evident in the "new wave" of police attitudes in respect of upholding the law. Police have been known to respond with sympathy to charges against persons who have been attacked, molested, or "bashed" by "queer bashers". A case in question attended to by the writer serves to corroborate this. A man who was attacked by "a non-gay" person, and badly beaten up, disguised the case to the police, for fear of police reprisals against him (ie being gay). After a short time, the investigating officer confronted the client by opening up the possible homosexual link between the attacker and three murders which had occurred, the link being that the victims were all known gay men. Police co-operation, including attitudes that were not anti-gay, facilitated the speedy arrest of the accused, and triggered off a ripple of respect for police intervention.

The so-called co-operation between police and gays in some cases has been extended to the judgments reflected by the lower and higher courts. Court proceedings in respect of gays who had been victims of assault, clearly indicated that their cases were viewed strictly on the criminal merits -- which implied that there was complete recognition of the civil rights of the gay person/s who had been assaulted and/or killed. It would thus appear that the central consideration of the courts is not so much that the victim was homosexual but that as a person, his basic rights of

life, property and security should be defended (Argus, 11 August, 1984; Cape Times, 22 April, 1986).

It is with this human paradox in mind that the formal gay movement in South Africa will be addressed, with special reference to Cape Town. In examining the formation of this movement, attention will be drawn to the crisis implications that influence the growth paradigms of homosexual persons.

A functional definition of a "formal gay organisation" is necessary. Writing in the context of gay liberation, Rueda warns that: "The multiplicity of organisations in which 'liberated' homosexuals have chosen to express their interests is as varied as the human condition itself" (Rueda, 1982: 147). Rueda believes that to describe the homosexual movement as a unitary phenomenon is fallacious, and has therefore tried to differentiate between the nature and types of organisations that exist.

Following Rueda, the writer will itemise organisational components that represent facets of the gay movement in South Africa, and provide a theoretical base for an analysis of the movement.

LEVEL STRUCTURES

Local, regional, national, and international structures should promote a homosexual ideology. Johnson synthesises

definitions of "ideology" and describes a process as "integrating assertions, theories, and aims that constitute a political programme" (Johnson, 1972: 76). Because of the lack of a political structure as well as a "homosexual ideology" in South Africa, the structure of the homosexual movement is varied. Groups are constantly forming new alliances, or breaking away from existing structures, with little or no national attempt at co-ordination. Such an example includes the "unexpected move of GASA Rand and Impact (another splinter group) to join forces under the title of "Lambda". As reported in the gay newspaper, Exit, Impact broke away from GASA as a result of "bitter animosity" and in-faction fighting" (Exit: No 25, November, 1987: 1). This joining of forces arose as a result of the demise of both GASA Rand, and GASA National during 1987. This gave impetus to form a Gay Alliance of South Africa, which would inter alia provide local, regional, and national structures, with the following objectives:

- (a) to provide a mission statement which would address the co-ordination of needs and resources of the gay community in Southern Africa
- (b) to avoid a top-heavy bureaucratic structure
- (c) to develop task forces nationally, with a mandate to deal with administration, finance and fundraising, public relations, and communication. AIDS, community care, legal reform, political

consensus and religion were identified as other major task force portfolios (Exit, No 22, August, 1987: 1).

Whilst in principle the idea of creating a task force, in line with local level structures, as well as with international task forces, is commendable, (Rueda, 1982), this proposed alliance is doomed to fail because of the diversity of political, social, and personal experiences of the gay collective. The "alliance", as is noted further on in this chapter, is an alternative way of defusing the mismanagement of GASA's affairs, and of allowing local groups to express their autonomy and deal with divisions of loyalty (Exit: No 25; November, 1987: 1).

NETWORKING

Networking provides a platform for leadership and the pursuit of common interests. In South Africa, networking has occurred within the collective, and has been successful in the following enterprises:

1. the provision of support services in some centres, notably, Cape Town and Johannesburg
2. dealing with AIDS, specifically with regard to fund-raising, provision of emergency services and 24-hour counselling and advice centres, as well as presenting constitutions for the registering of

of the Witwatersrand) and OLGA (Cape Town) where an attempt to incorporate lesbians as well as blacks has been successful.

ACADEMIC ORGANISATIONS

These comprise forums of gay academics, such as gay physicians, social workers, and psychologists whose task it is to lobby within the academic arena, in order to promote non-discrimination of gays as well as to research the field of homosexuality. As an example, the American Journal of Psychiatry has a professional task force on Human Rights, Gay-Lesbian and Bisexual issues, Victimization and AIDS. Rueda identifies some of the powerful Social Work task forces that exist in the United States which include: The Association of Lesbian and Gay Social workers, The Association of Social Work Educators Concerned with Gay Issues and Council on Social Work Education Task Force on Lesbian/Gay Issues (Rueda, 1982: 620).

South Africa has no formal, nor indeed representative, academic (or professional) bodies who rally for legal and social change.

SERVICE ORGANISATIONS

These organisations are established to deal with and provide services pertaining to the every-day needs of homosexual

persons. This would include counselling facilities, sports events, cultural information, social gatherings, religious support, and student groups at certain universities.

Perhaps this is the most successful endeavour in the history of the gay movement in South Africa. In line with the research findings presented in the following chapter, it is apparent that service delivery, albeit remedial or social, has the support of the gay collective. Its appeal lies in the assumption that care systems are essential to the well-being of individuals. For the sake of brevity, a comprehensive list of such service organisations will be presented in Appendix 7. The source is the most comprehensive list obtained from *Exit*, August, 1988 No 30, and is used by the GASA 60-10 counselling service as a referral register.

CHURCH ORGANISATIONS

Such organisations, both orthodox and progressive, promote the idea of homosexuality as a normal variant of human sexuality, incorporating the love of God for all persons. Whilst some religious sects do not condone homosexuality, Rueda points out that spiritual support is essential for the well-being of all gay people. In this regard the reader is referred to his comprehensive chapter on homosexuality and religion, where he deals with the homosexual religious

network, and refers to the importance of religion for the homosexual movement (Rueda, 1982, Chapter VI, 240-268).

In South Africa there are two conflicting approaches towards homosexuality within institutionalised religion.

- (a) It is unequivocally condemned by the Roman Catholic Church (*Sunday Times* 26th July, 1987), by the Evangelical Protestant Churches, (*Cape Times*, 28th July, 1980; *Weekend Argus*, 30th April, 1983) and by the Moslem Judicial Council (*Cape Times*, 27th May, 1978).
- (b) It is conditionally tolerated by the Anglican Church (Church of the Province of Southern Africa) (*Cape Times*, 10th June, 1983). (For further details on religion, please refer to Appendix 8.)

Informal support groups do, however, exist for persons with gay spiritual convictions in this country. Groups such as Cathgro (Catholic), Yachad (Jewish), and Gay Christians (Anglicans) enjoy spiritual communion from some ordained priests. Most noteworthy is the Anglican Church's, more recent position towards homosexuality which is liberal in its outlook, and is encapsulated in the words of the former Anglican Dean of Cape Town, Dean King. He says:

Attempts to 'cure' gays revealed a disastrous trail of misery and little success. Friendship, happiness and love could be shared in gay relationships, although many failed due to a heritage of social scorn, contempt

and ostracism -- to discriminate against people on the basis of their sexual orientation was equivalent to racism.

Cape Times, 10th June, 1983

ECONOMIC AND POLITICAL ORGANISATIONS

This implies the rearranging of perceptions, attitudes, lifestyles, and legal systems according to a homosexual ideology.

South African gays presently have no unified strategy that could deal effectively with legal-political systems. Attempts have been made by both individuals and groups to deal with, inter alia, legal reform, but to no avail. The writer believes that the impetus to effect some modicum of change is under way, but until the gay collective is united in its objectives and priorities, with specific emphasis placed on an egalitarian and truly democratic society, attempts to unify the gay campaign will be constantly thwarted.

HISTORICAL OVERVIEW

The writer now proceeds to give a detailed description of the historical development of the gay movement in South Africa.

The first semblance of a "formal" gay movement emerged in South Africa in January of 1966. The police raided a huge party hosted in a private home in Johannesburg. Prominent white business persons, advocates, doctors, artists and persons who had political connections were present. Although the raid took place under the Liquor Act on the premise that alcohol was being sold without a license, nine arrests were made and charges levelled against 300 persons "because of one or other homosexual deed" (Joubert, 1974: 2).

Joubert (1974), in a publication entitled: "Tot Dieselfde Geslag: Debat oor Homoseksualiteit in 1968" (Cape Town, Tafelberg, 1974), offers full commentary and analysis of the proceedings of the Parliamentary Select Committee appointed to investigate homosexuality. Joubert's synthesis of the proceedings of the inquiry, together with his academic interpretations of the findings (offered with sociological commentary) probably reflect the first recorded South African attempt at describing legal and social responses to homosexuality. The text deals with the following issues:

- (a) the legal position in respect of homosexual deeds in 1968
- (b) the introduction of the first Bill
- (c) the leading of evidence from the Select Committee
- (d) the readers' debate from *Die Burger* (an Afrikaans daily newspaper)

- (e) the decision of Parliament, and the final Act
- (f) a sociological postscript (Joubert, ibid).

The second, and more subtle, feature of Joubert's analysis covers the impetus of a group of homosexual persons who formed the action group (a) to protest against the arrests of persons at the party, and (b) to raise funds to employ the services of legal officers and expert witnesses to give evidence at the inquiry. Joubert maintains that the action group's response was a determining feature of the collective evidence given during the proceedings, and states: "Wat 'n mens sou kon noem die aanleidende oorsaak vir die indiening van wetgewing i.v.m. homoseksualiteit, was juis 'n opspraakwekkende party wat in 1966 in Johannesburg gehou is" (Joubert, 1974: 1).

Joubert (1974) concludes that it would be naive to consider that the legal implications for homosexuality stemmed solely from the "party" (or the evidence thereof). The Department of Justice must have been building a dossier of homosexual activities for some time prior to the incident. The analysis undertaken by Strydom (1972) is relevant here. She systematically unfolds the development of the legislative procedures undertaken by the State, isolating and debating three periods, viz:

- (i) from 1893 to 1957
- (ii) from 1957 to 1969

(iii) since 9 May, 1969.

A synopsis of her discussion reveals that not only was the status quo position towards homosexuality upheld, but by raising the age threshold for punishable offences from 16 to 19 years, the definition of a sexual minor, in terms of legislation, was extended to include youths up to the age of 19 years.

While many persons have interpreted this change as the recognition (and approval) by the State of consenting behaviour between adults, this is patently not so. It represents an overt tightening of legislative control by restricting the rights of personal consent to sexual involvement for a further three years.

The decision to prosecute and convict shows spasmodic and uneven patterns of charges against people, and rests basically on interpretations of the relation of the law to morality (Theron, 1980). The outcome of the Inquiry described by Joubert (1974) was significantly influenced by a group of people who mustered their collective forces, both academically and financially, to present evidence to the Commission. It is this group of people who provided the forum for collective gay debate and ultimately paved the way for aspects of homosexual movement in South Africa.

In a privileged interview held by the writer with an organising member of this original group it is clear that two particular forces were in operation. In the first instance, once the objectives (of raising funds to bail persons out, and of engaging services of advocates and others to provide testimony to the Commission) had been achieved, the impetus of the group gradually petered out, a primary reason being that the group operated in a semi-clandestine fashion because of a generalised fear of disclosure or for fear of reprisals which could lead to the loss of jobs, or to blackmail. A second point, directly related to the first, was that no form of ongoing recording was apparently used. Noticeably absent in South African homosexual liberation attempts are documents, narratives, poetry, and literature which give credence to any movement and form the basis for archive collections. The respondent in the taped interview, (the transcribed and edited contents are located in Appendix 9), consented 20 years after the Commission to have his name in print. "I have no fear now of publically sharing my homosexuality with others" he said. "Up until a few years ago my status in the commercial world and international reputation with a service organisation prohibited my gayness. I am fully out of the closet now."

Attempts by gay persons to maintain the impetus for law reform and action, in the early seventies, following the disbanding of the group after the Inquiry in 1968, proved to

be unsuccessful. Hampered by the lack of leadership and funds and general mistrust within the gay community, the gay movement did not succeed in achieving much more than short spurts of publications and meetings to discuss legal issues. Examples of such publications include the following:

1. **Equus:** A glossy magazine, published in Hillbrow, Johannesburg. This magazine attempted to offer a forum for gay persons to share their feelings, promote gay venues in Johannesburg, and offer feature articles that included gay themes -- such as movies, plays, etc. The magazine included pin-ups of local gay men who were entitled "Man of the Month." This was probably the first attempt to offer the gay "community" in Johannesburg some form of public identity. The contents of each magazine were inoffensive so as not to offend the authorities, although it catered specifically for homo-erotic needs.
2. **Comment:** A monthly pamphlet distributed by "Gays Anonymous". It attempted to deal with aspects of Christian acceptance and homosexuality. A group of concerned persons in Cape Town believed that Christian principles and gay liberation themes were compatible. Unfortunately, a sense of anonymity pervaded all the publications, leading to the demise (after approximately nine years) of the publication, which had included generally good

articles. The watchdog activities of the persons involved had regularly monitored newspaper reports, arranged counselling, encouraged social interaction, and dealt with homophobic issues of local interest.

Further ad hoc groups established to publish themes on homosexual issues emerged during the 1980's. Examples of some publications include: *Alternatives*, *Gay Between*, *Coming Out*, *Lambda*, *Young Ideas*, *Gay Christian Movement* and *The 60-10 Newsletter*. With the formalisation of GASA, a newspaper called *Link/Skakel* emerged, and became the precursor to the well established-paper, *Exit*. This independent publication acts as the unofficial mouthpiece of GASA. Its format is similar to the well-known American gay periodical, *The Advocate*. *Exit* is probably the most successful South African gay publication to date. Although distributed to the members of GASA nationwide, the newspaper has recently broadened its outreach to include outlets at general bookdealers in the major centres of South Africa, as well as in clubs, bars and gay community centres.

The newspaper deals with issues that include political matters of interest, local news items, and articles written by prominent gay persons, both with academic and cultural directions. Emphasis is placed on highlighting the "gay scene" in South Africa, as well as effective reporting of homophobic attitudes in the country. The content of the

paper follows patterns similar to those in other countries, including **The Advocate** (America); **IGLA Bulletin** (International Gay and Lesbian Archives); **Body Politic** (Canada); **Gay News** (United Kingdom); **Homokrant** (Holland) and **Siegessäule** (Germany). General criticism leveled at **Exit** includes its sexist and homoerotic patterns, a seemingly biased sense of reporting when political issues are at stake, and a failure to address homosexuality from a leftist perspective. As a result, splinter papers have mushroomed, and attempts to balance the "conservative image" of **Exit** have emerged. Some pamphlets that are in circulation include: **Lago** (Towards a Progressive Gay and Lesbian Alliance, 1987), and **The Congress of Pink Democrats** (1987). The primary mandate of these more recent publications is to reflect principles of non-racism, non-sexism and non-collaboration. Originally members of GASA, these groups have broken away to form, in effect, their own alliance. A strong connection exists between **Lago** and **The Pink Democrats** with the newly-formed black gay groups, viz **African Gay Association** (Cape Town), **OLGA** (Cape Town), and **Rand Gay Organisation** (now know as **GLOW**) (Johannesburg-Soweto). The levels of fragmentation and polarisation of ideas are manifest in a recent national pamphlet (See Appendix 10) in which **GASA** (Johannesburg) has challenged the black association to explain the ANC's official stance on homosexuality. **GASA** believes that before commitment can be made towards the struggle, clear protocols must exist vis-à-vis the ANC's attitude towards homosexuality, which is

currently ambiguous. Despite alluding to the need for social justice, ANC spokespersons have suggested that homosexuality is "not normal" and that minority rights are irrelevant in the struggle for majority rule (Capital Gay, 18 September, 1987: 11).

Normann, in a local study on South African gay liberation, deals with this very issue of polarisation of political ideology. In determining the status of an ideology, Normann contends that ideologies are restricted by the repressiveness of the society in which they exist, and are influenced and divided by other ideologies, such as feminism (Normann, 1983: 1).

Normann's study, which dealt with responses from groups of persons who belonged to established organisations in Cape Town, including 60-10 and The Gay Information Working Group on the campus of the University of Cape Town, reflected two levels of gay ideological thought. In the first place there were those who perceived gay liberation as a process of interaction to facilitate the individual person coming to terms with homosexuality (in terms of definite role models). This implied rejection of "closet" behaviour. Emphasis was also placed on legal reform, and on the education of society in sexual liberation. Reform of laws on homosexuality by itself is deemed ineffective if social prejudices are not addressed as well. The second level of opinion held that countering of oppression in all forms should be a priority

of Gay Liberation. Oppression must be viewed as part of a larger process, broader than just gay liberation. It should be confrontational, emphasizing societal and structural change (Normann, 1983: 29-32).

Although much criticism can be levelled at Normann's study, including that his is a biased sample of middle class respondents, (primarily within a university setting) his study offers a flavour of localised opinion, and supports the writer's contention that gay attempts at "generalised liberation" are split, as discussed in Chapter 4.

Indications of the split are apparent in the following:

1. The recent demise of GASA (National) as a result of political intrigue, poor handling of funds, and poor leadership;
2. Political splits based on racial and political differences, which have resulted in a left-offshoot on the one hand, and a moderate reform majority, subscribing to the original aims of GASA, on the other;
3. An inability to determine "gay priorities", which have included AIDS, legal reform, sport, service centres providing counselling, and political campaigns;
4. the establishment of a SEPARATIST series of organisations which are not only split on the

basis of race, but also in terms of political ideologies (including Marxism); political feminism (Lesbian groups); and the existence of more conservative (and indeed larger) groupings of moderates whose major emphasis lies in creating a viable gay collective, based on a loose alliance of localised interest groups.

The eventual collapse of the GASA (National) has paved the way for a preliminary investigation examining the very issue raised in (1) above. Under the caretakership of an elected national chairperson and secretariat, GASA is in the process of reorganising its national structure -- with a projected mandate to form a national GAY ALLIANCE OF SOUTH AFRICA. A major consideration proposed by the architects of the alliance is to decentralise the power base, and encourage each region to locate its own independent gay social and political structures. Each centre will hopefully enjoy a sense of self-expression and therefore determine needs and priorities from a local base as opposed to a national base. It is anticipated that this federal structure will activate clusters of persons who feel emotionally, socially, and politically safe to execute their own particular mandate within their localised ideological perspective. John Lee (1977), who has analysed the sociology of homosexual liberation, in conjunction with Rueda's framework, helps us to understand the South African gay dilemma. Using a symbolic interactionist model, akin to that of the

developmental protocols discussed in Chapter 2, Lee draws attention to the following dynamics, which help to explain the liberation crisis currently experienced by gays in South Africa.

Lee emphasises that, unless homosexuals have passed through stages of personal identification, including the "ego-destructive" behaviour as noted by Humphrey (1972) earlier on, attempts at a corporate identity (ie liberation) will prove futile. He states:

The whole process can be considered as a 'status passage' or 'moral career'. The emphasis will be on process, in the symbolic interactionist sense, involving the concept of self as the reflexive agent, socialising itself into appropriate roles as well as fitting into the slots provided by society.

(Lee, 1977: 52)

Lee offers three process variables. They are:

Signification

Coming Out

Going Public.

Lee's variables suggest that gay liberation symbolically has its own identity growth protocols, and that they must be seen in the context of individual stages of coming out and identity growth. Signification reflects upon the significant commitment to homosexuality, whilst coming out identifies a beginning commitment to sexual identity. Going public suggests the overall ownership of an identity that

transcends private commitment. In this case, going public occurs, both in the sphere of sharing aspects of one's sexuality with others who are non-gay, and promoting homosexual ideology from a social action point of view.

Bearing the above in mind, the writer concludes this chapter with some of the crisis manifestations that impinge upon the homosexual collective at present. These are summarized below:

1. Generalised homophobia, both within and from without the gay context, serves as a deterrent for consolidated action. Kenneth and Behrendt (1987) remind us that homophobia in both heterosexuals and homosexuals creates one of the major stress factors for gay persons, and has severe implications for sources and resolution of conflict, particularly around the area of legitimacy.
2. Homophobia, in concert with proscriptive legislation against homosexual sex acts suppresses attempts to legitimise homosexual aspirations at the personal, social, occupational and political levels.
3. Points 1 and 2 in combination have influenced the coming-out patterns of gay people. "Closet behaviour" is still the rule rather than the exception. As such homosexuality is represented

by a visible minority but practiced by an invisible majority of homosexuals.

4. Moral opposition, including certain attitudes of the Church promote feelings of guilt and unworthiness in homosexuals. Linked to the power of the family system, the unavoidable consequences of rejection and abandonment plague many gays, and in the words of Cramer and Roach: "most relationships between gay sons and their parents are strained immediately following disclosure, and a period of turmoil usually ensues for most families ... which will lead to a family crisis" (Cramer and Roach, 1988: 87-89). Thus there are many homosexuals who forfeit the expression of freedom for ostensible family and/or societal acceptance.
5. South Africa's history of racial oppression and black political resistance has created a complex socio-political situation that affects almost every dimension of South African society. Sexual minority group issues are no exception. Gay liberation within doctrinaire apartheid will suffer the same consequences that voluntary organisations, political groups and others experience. Whilst any form of gay liberation must be treated with serious intent, its momentum and credibility will be retarded within a society divided according to race and ideology.

Furthermore, no legitimate and sanctioned form of gay liberation can take place until all laws discriminating against sexual minorities are repealed.

6. The lack of credible and vociferous public leaders, including powerful lobby groups, international support, and finance add to the crisis of gay liberation in South Africa. South African gay leadership is less obvious in comparison with international counterparts, for the following reasons:

- (a) leaders are not public with their identity
- (b) they do not all subscribe to the same ideology
- (c) they are located in regions, which are often not representative of gay constituents
- (d) many are misidentified as leaders on the basis of activities, rather than on gay ideological merit, such as owners of clubs, organisers of competitions, and those working with AIDS sufferers.

However some persons have made considerable strides to place homosexual concerns in the wider socio-political arena, and have gained credible

images as leaders within parts of the gay collective. Among these are prominent academics, lawyers, ministers of religion, businessmen, professional social workers, doctors, and trade unionists.

7. AIDS has created a paradoxical situation in South Africa. Whilst exposing homosexual proclivities in an unparalleled way to the public through the media, it has retarded the liberation force in two ways. Firstly it has resurrected homophobia within the gay sub-culture and wider parent culture -- where the emphasis once again lies in promiscuity and lifestyles that are seen to be contrary to the upheld mores and beliefs. Secondly it has re-introduced a backlash of political innuendo (a) amongst whites who regard AIDS as a form of divine retribution, and who are consequently indifferent to the suffering of AIDS persons, and (b) amongst blacks who maintain that homosexuality is a "white man's disease" -- the implication being that AIDS belongs to a sexual and white minority group only.
8. The sub-culture has as its emphasis a hedonistic value system, and rarely is seen to promote social revolution in a collective context. This essentially captures the spirit of the crisis of the gay movement, in that the sub-culture, as described in this thesis, is the most powerful

contributor towards the process of gay identity. It has furthermore not yet reconciled its needs with the needs of the broader of South African society.

The words of Hart in the framework of stigma and universal discrimination draws this chapter to its conclusion. In addressing the responses of clinicians (including social workers) responses to the option for future directions, which include discrimination based on inequalities experienced by victims of society, he states:

Clinicians ... should provide people with a personal and political history of their lives that emphasizes the "choices" they have made -- consciously or not. [This also] identifies the restrictions and stigmatising events that they have experienced. It provides a model that is outward-looking rather than introspective and enables people to see their individual reactions as part of an experience they can share with others.

(Hart, 1984: 42)

NOTES

1. Full details of the pioneers of gay liberation are discussed in detail by Lauritsen, John and Thorstad, David, *The Early Homosexual Movement (1864-1935)* New York: Times Change Press, 1974.
2. The writer offers detailed analysis of the divergent Australian experience in Chapter 9.
3. See, for example:
 - (i) Altman, D. *Coming out in the Seventies*. Boston, Alyson Publications, 1981.
 - (ii) Chesebro, James, (Ed): *Gayspeak Male and Lesbian Communication*. New York, The Pilgrims Press, 1981 (Especially Part VI and V).
 - (iii) Marotta, Toby: *The Politics of Homosexuality*. Boston, Houghton Mifflin Company, 1981.
 - (iv) Richmond L and Noguera, G: *The New Gay Liberation Book*. Pala Alto, California, Ramparts Press, 1979.
4. For an in-depth overview of the analysis of South African society, which highlights the divisive structure of South Africa, the reader is referred to the comprehensive anthology of readings in Boonzaier and Sharp. This book deals with key concepts including culture, community, tradition, race, tribe, ethnic group, and nation, population groups, national states, first and third worlds, development, gender and children. Boonzaier, Emile and Sharp, John (Eds): *South African Keywords. The Uses and Abuses of Political Concepts*, David Philip, Cape Town and Johannesburg, 1988.
5. In its "divide and rule" strategy over blacks, the Nationalist government legislated for each ethnic group to occupy its own reserve or Bantustan, eg Tswanas in Bophuthatswana, Zulus in KwaZulu.

6. Although homosexuality is forbidden in the Muslim fundamentalist context, it is practiced by a sizeable proportion of "coloured" gays. The following two points pertaining to religious opinion have been noted by the writer during the course of his professional interaction with some Muslim gays.
 - (i) The idea of being homosexual (or gay) is confusing for some Muslims, particularly within a patriachally dominated religion and culture. In essence, homosexual behaviour is seen to be "effeminate, emulating the female gender". This poses a problem for worship, in that, women follow men in prayer, and are segregated as well. Therefore, a man, who is "partially female" cannot lead women in prayer, and his place in worship is therefore arbitrarily defined as "non-legitimate".
 - (ii) Two Muslim men who were in a relationship, for twelve years, needed therapy to mediate a domestic conflict. Part of this conflict arose from the concern of their families and friends (all of whom were Muslim) about a potential rift in the relationship, highlighting the sacredness of a union between two persons, irrespective of the gender. Furthermore, the older of the two partners, was a devotee of the Faith and had unconditional support from his spiritual community. The crisis, in effect, was exacerbated by the pressure of the families and friends who believed that the relationship was cemented by a sacred and legitimate union, and that the commitment had to continue.
7. Under common law, sex between men is criminal, and is punishable in both civil and military courts.
Hunt, P M A: **South African Criminal Law and Procedure and Procedure**, [Vol 2] Second Edition, Cape Town, Juta and Co, 1982: 271-276; 276-278.
8. Anal sex is in many instances a preferred form of sexual intimacy amongst gay men. This has been supported by post-AIDS literature, especially those studies concentrating on epidemiology. In addition, the studies by Bell and Weinberg (1978) and Jay and Young (1978) confirm this.
9. Personal communication by the writer with the Attorney General's Office.